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Ovarian and womb diseases : their causes

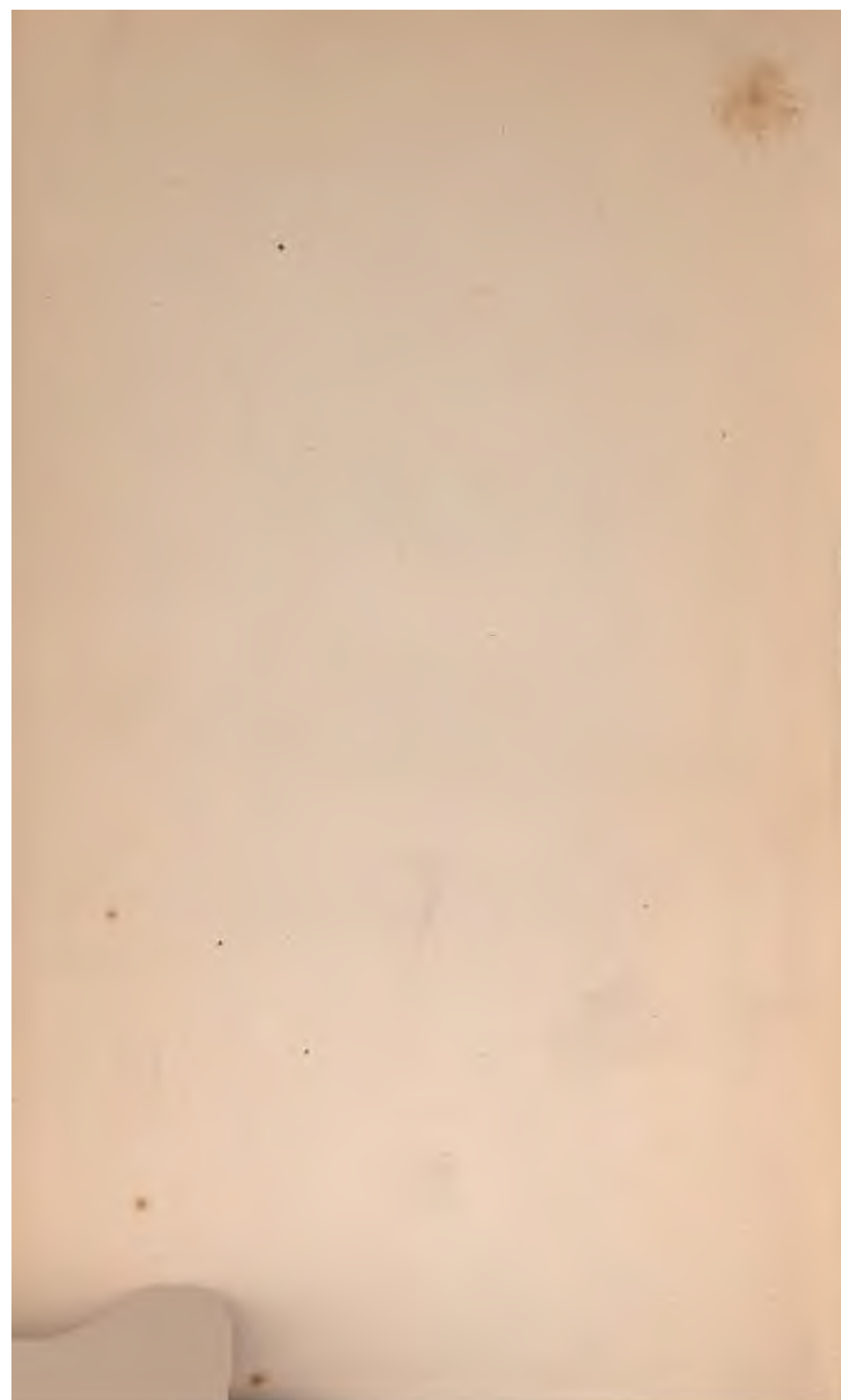


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INDIANAPOLIS.





OVARIAN AND WOMB DISEASES.



A A, Fundus of the Womb.
B, Womb Passage, Vagina.

C, Mouth of the Womb (os uteri).
D D D D, Fallopian Tubes.

E E, Ovaries.
F F, Round Ligaments.

G G, Broad Ligamenta.
H H, Flimbriae.





OVARIAN AND WOMB DISEASES;

THEIR CAUSES,

DIAGNOSIS, AND CURE.

(ILLUSTRATED BY WOODCUTS AND PHOTOGRAPHS.)

BY

JOHN EPPS, M.D. EDIN.,

AUTHOR OF "HOMŒOPATHY AND ITS PRINCIPLES EXPLAINED;" "CONSTIPATION, ITS
THEORY AND CURE;" "CONSUMPTION, ITS NATURE AND TREATMENT," ETC.

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Woodcuts by H. D. LINTON.

Photographs by PHILIP CRELIN, Jun., 87 Regent Street.

OVARIAN DISEASES.

CHAPTER I.

ON THE PELVIC ORGANS.

SITUATED at the top of two distinct bony pedestals (each pedestal consisting of the foot at the base, then the bones of the instep, then those of the leg, and then the bone of the thigh) is a bony basin.

This bony basin is named the pelvis (Plate I.).

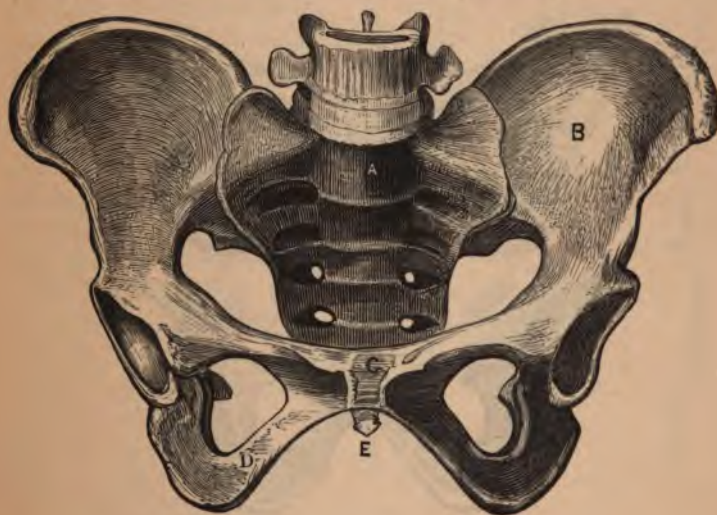


Plate I.

The pelvis, as usually exhibited in the living body, is seen clothed with flesh and skin, constituting, at the sides of the lower part of the mid-body, the buttocks and the hips, these clothing the bony basin itself with abundant comeliness.

The pelvis, thus viewed as a bony basin, is composed of four distinct bones; one behind in the centre, the *sacred* bone (*os sacri*, Plate I., letter A), so called, it is supposed, because this part of the body and its appurtenances were offered in sacrifices by the priests, both of the Jews and of the Gentiles.

The sacred bone is as the central wedge in the bony basin, which, as such, it helps to form; it is compressed and compacted at each side by a side bone, called the *ileum* bone, *os ilei* (Plate I., letter B).

In the sacrum bone several holes (see Plate I.), *foramina*, are visible; through these holes the sensitive cords, the nerves, called the *sacral*, pass, and branch to the womb and to the other organs situated in the pelvis, being called, as situated there, pelvic organs or viscera. Bloodvessels also pass through these holes.

At the front portion, and forming part of the bony basin, is a third bone, called the *share* bone, the *os pubis*, the *pubis* bone (Plate I., letter C).



Fig. 1.



Fig 2.

Plate II.

This bone forms, by the arrangement of its upper portions, an arch, called the arch of the *pubis*, seen in the two woodcuts (Plate II.).

This arch in the pubis of the female, represented in Plate II.,

fig. 1, is of a larger relative size and width than is the arch of the pubis of the male (fig. 2).

The reason of this increased width of the arch is, that the *female* pelvis has, in its basin, to hold more organs than those held in the male pelvic basin, the womb being the chief organ, but more especially the arch has to allow the child to pass out under it in the act of birth.

The exterior parts attached to and corresponding to the position of this bone are said to occupy the pubic region, while the part of the lower belly above this share bone is defined the hypogastric region (*ὑπο*, *hypo*, upon, and *γαστρικός*, *gastrikos*, gastric, belonging to the stomach).

The subjoined drawing may be useful, as illustrative of the various regions into which, for the sake of distinction, the stomach, strictly so called, and the belly, are divided; or, more correctly expressed, mapped out. The drawing will be especially useful in reference to the description and the treatment of uterine diseases, as it not unfrequently happens that women describe a swelling as in the stomach when it is really in the belly. This they do, because, from the unwise education received (can it be called education?) they regard it as vulgar to have a belly.

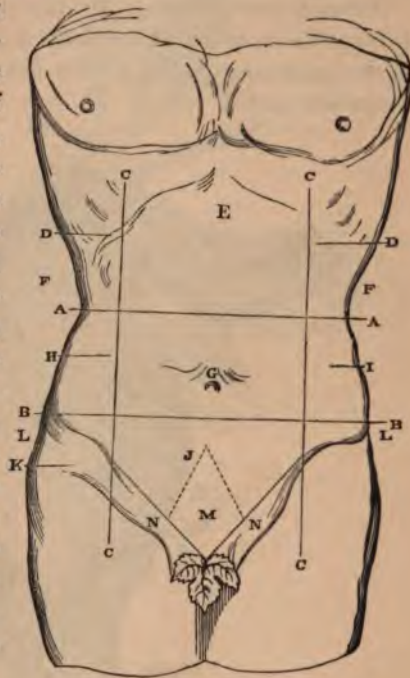


Plate III.

As disease, however, recognises such a reality as a belly, and has to do with it, and as changes therein are indicative of the various phases of the diseases especially affecting the womb, women should accurately understand the differences of the position of the organs connected with the various abdominal interior parts.

A line, A A, extends from one side to the other of the body, at the bottom of the chest; a second line, B, extends from the crest of the ileum bone, B B, *i.e.*, one of the hip bones to the crest of the other; passing through both these lines are the lines C C, C C.

The figure E represents the epigastric region, that is, the region of the pit of the stomach; D F represent the two upper side regions, called the hypochondria; G represents the umbilical region, or the region of the navel; H I represent the flanks; H the right flank; I the left flank; J the hypogastric region, the lower part of this region at M being called the *pubic* region; the letters N N represent the groins.

A fourth bone, forming the chief part of the base of the pelvis or bony basin, is called the *ischium* (os ischii, Plate I., letter D); on the projecting points of this bone, called the *tuberosities*, we rest, when seated.



Plate IV.

Added to these four chief bones, constituting the pelvis, is a fifth bone, called the *cuckoo* bone (os coccygis, Plate I., letter E),

so called because its shape is like to an anatomical structure found in the cuckoo bird.

This cuckoo bone is often regarded merely as an appendage of the sacrum, being attached to the lowest part of the sacrum, and the bone itself projects forward.

Such is the general composition of the bony basin.

The contents of the bony basin in the female are the *bladder* in front, containing urine (Plate IV., letter *a*); the *womb* (Plate IV., letter *b*); the passage leading to the womb, called the *vagina*; the Fallopian tubes (Plate IV., letters *c c*, *c c*); the *ovaries*, *f, f*, the ovaries, being appendages attached to the womb; the last gut (Plate IV., letters *g, g*) or rectum; and finally the ureters (Plate IV., letters *h, h*), carrying the urine into the bladder from the kidneys.

The relative situation of these contents of the bony basin is defined thus by the anatomist, Thomas Bartholin:—

“The womb is placed between the rectum, which lies below it, and the bladder, which lies upon it. These are its pillows.”

The womb and its appendages constitute the organism in which the rudiment of the living being develops itself through



successive stages, till it completes its development; such completion being indicated by the taking place of childbirth.

The womb and its appendages, represented in part in Plate iv., are more fully represented in Plate v.

The shape of the womb (the central portion of the drawing in Plate v.) is oblong, pear-like, and somewhat compressed.

Its thickest and broadest part is called its *base*, technically called its *fundus*. The position of the fundus in the pelvis is upwards and forwards (Plate v., letters A and B). Its flat cylindrical and narrowed part, called the neck, lies downwards and backwards.

The lowest part of the neck of the womb (Plate v., letter E) projects forwards into the womb passage, *i.e.*, the passage leading from the exterior pubic region to the womb, the passage being called the *vagina*; the vagina embraces—that is, surrounds—at its upper and most interior part, the neck of the womb. (See *Frontispiece*.)

This projecting part of the neck of the womb, thus (as stated) projecting into the vagina, is called the *vaginal portion of the womb*, the vagina being deemed, from such close union with the womb, a part as it were of the womb.

The womb in its usual, *i.e.*, natural, *i.e.*, normal, state is a small organ. Its length is two inches and a half to three inches; its breadth, at its broadest part, the *fundus*, is two inches; its thickness is one inch. The weight of the womb at puberty is an ounce and a half, and at the ninth month of pregnancy its weight reaches to from two to four pounds.

(*Practical Remark*.—These facts show that parts when in their natural state admit of an enlargement, and have, the cause for the enlargement having ceased to operate, the power of lessening themselves—a fact that has important bearings.)

The womb is a hollow organ. Plate vi., A A, represents the walls of the womb cut through lengthwise, so as to show its hollowness, and the parts interior; and Plate vi., B B, represents the fundus of the womb dissected crosswise, so as to exhibit the entrance of tubes into the cavity of the womb; C represents the beginning of a tube as naturally contracted; D D represents the progress of the tubes as more or less dilated.

The shape of the hollow of the womb in females *who have not*

borne children is that of a triangle (Plate VI., G), the sides of which are bent *inwards*.

The base of the triangle corresponds to the fundus of the womb.

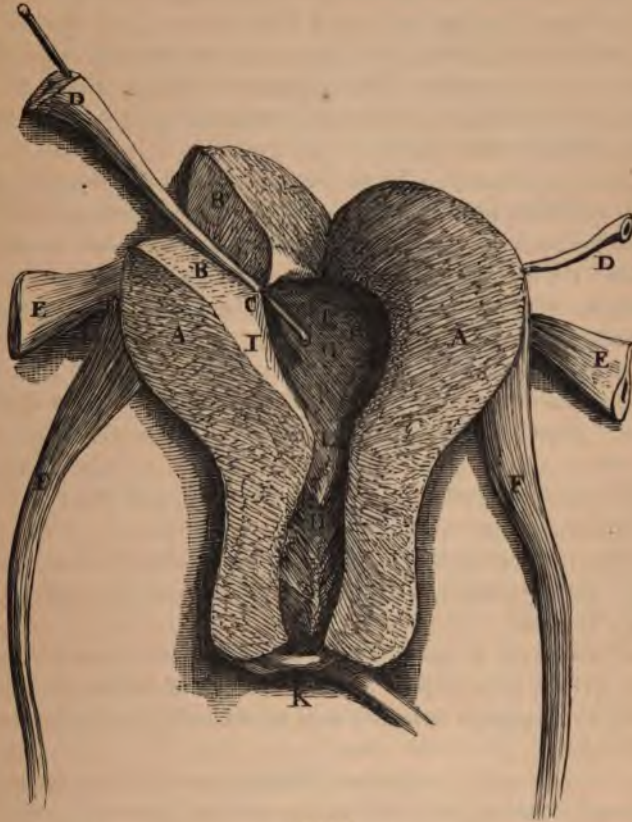


Plate VI.

The other end of the womb, *i.e.*, the end opposite to the fundus, and sometimes named the apex or point of the womb, represents the commencement of a *canal*, with two *openings*, one opening at K, the other opening at L.

When a part contains a cavity, it usually has an opening into the cavity, and this opening is often designated a mouth.

In this canal of the neck of the womb, having the inner mouth L, (Plate VI.), and the outer mouth, K, at the termination of the

canal in the vagina, the latter opening, represented by κ, is named, more especially, *the mouth of the womb, os uteri*.

In virgins, the mouth of the womb (*os uteri*), the exterior orifice (κ) is in the form of a transverse *slit*, that is, the mouth of the womb has two *lips* closed tight (thus making the slit); these lips are seen Frontispiece E, and Plate VI. at κ, cut through.

In mothers, the margins of these lips present an appearance of having been notched; this appearance being caused by the separation which takes place between these lips by the passage of the child, the first born.

(*Practical Remark.*—These facts, *i.e.*, the differences of these lips in the state before and the state after childbirth, are worthy of remembrance in connexion with conclusions which might be sources of error (the difference being unknown) when an examination of the parts is deemed necessary on account of diseases after the period of childbirth.)

In regard to this *os uteri* (Frontispiece E, Plate VI., κ), this mouth of the neck of the womb, it has been shown by Palfyn, in his "*Description Anatomique des Parties des Femmes*," that this orifice is the beginning of a narrow duct or pipe, intended to give passage to what is to be received by, and what is to be expelled from, the womb.

Palfyn further shows that this orifice is always shut, except to the proper stimuli, and to give passage to aborted and to foreign bodies.

Van Sanders, in his "*Observationes de Prolapsu Uteri inversi*" (1722, ii. p. 18), states that, except under the conditions named, this passage or orifice will admit only the entrance of a small stilet.

To its appropriate stimulus, Schurig states, "the mouth of the womb, that is, the orifice at the neck of the womb, allows of a wonderful expansion, like the gape of a puppy, or the mouth of a tench." Upon the latter similitude, this part, namely, this mouth of the womb, is called *os tincæ*, *i.e.*, the mouth of a tench.

(*Practical Remark.*—These details and explanations teach how nicely and how well Nature uses her processes to effect her ends, and warns against the practice of relieving the pain of difficult menstruation by the use of surgical instruments to dilate the mouth of the womb; thus substituting a mechanical power,

when the dilating power should be found only in connexion with a *vital stimulus*, as just referred to by Schurig.

Such necessity to employ mechanical dilating power does not exist under wisely directed homœopathic treatment ; a superiority which marks the scientific character of homœopathic means.)

The substance of the womb is composed of three layers.

The outermost layer is itself the fold of a tissue that extends (*τεῖνω*, *teinō*) around and about (*περι*, *peri*) the inner surface of the cavity of the belly ; the tissue so investing and extending being called the peritoneum.

This outermost layer, in relation to the womb, covers only the fundus of the womb, and the upper surface of the body of the womb. In the Plate v. a part of this layer or coat is removed on the left side to show the appendages of the womb contained between and within them. The under part of the womb and part of the anterior surface of the womb are not invested by the peritoneum, in other words, the outermost, the peritoneal layer of the womb, is not a complete investment of the womb, but only partially so.

The innermost tissue of the womb consists of a membrane, called from its nature, as secreting *mucus*, a mucous membrane.

This mucous membrane forms, within the neck of the womb, two or three folds lengthwise placed (Plate VI., letter H), whence on the sides of the folds branch other smaller folds, the whole representing an appearance somewhat similar to one presented in the little brain (cerebellum), and which, as thus presented, is named the tree of life. This, as seen in the womb, is represented by Plate VI., letter H, which presents the cavity of the neck of the womb and its fibrous substance.

It is a curious coincidence, that this appearance, like a tree of life (*arbor vitæ*), should be formed in the womb, and that a somewhat similar appearance exists in the cerebellum, the cerebral organ of the sexual instinct.

Between the smaller folds referred to above, as placed in the neck of the womb, are the glands which secrete the mucus, these glands appearing as rounded, prominent, closed bladders or vesicles.

In the cavity of the womb itself (Plate VI., letter G) the mucous membrane is *without* folds, but is dotted with small shaggy

flocks, and innumerable tubular perpendicular little bags, called *follicles*, these acquiring a considerable development in the condition of pregnancy.

Between the two layers of tissue constituting in part the womb itself, *i.e.*, the peritoneal and the mucous coat, lies the third tissue, consisting of the hard, real substance of the womb, being composed of strong *muscular* or fleshy fibres.

The term muscular fibre indicates a fibre that has the power of *contractibility*, *i.e.*, the power (its appropriate stimulus being applied) of *shortening* itself, and of again lengthening or relaxing when the contraction, induced by the appropriate stimulus, has ceased to operate.

Through the mass total of this womb substance are distributed bloodvessels, nerves, and other vessels, hereafter to be noticed ; these, with their adherent tissues, constituting the womb.

The utility of the muscular coat is seen in the power of contraction, thus conferred on the womb, to expel the child when the time of childbirth arrives.

CHAPTER II.

OF THE APPENDAGES OF THE WOMB, OF THE BLOODVESSELS AND NERVES OF THE WOMB AND OF ITS APPENDAGES.

ATTACHED to the womb for various purposes, two important purposes being those of keeping the womb in its place, and of enabling it to adapt itself to the changes, both in its own position and in the position of the body, are two distinct sets of bands of a strong fibrous texture, called the *ligaments* of the womb.

The one ligament is called the round (Plate v., letters κ, κ, Plate vi., letters F, F), and the other the broad, (Plate v., letters G, G, where the ligament is seen at the right side spread out;) in Plate vi., letters E, the ligament E is represented as in part cut away.

The broad ligaments are on each side continuous with the peritoneum, the tissue already referred to as forming one of the tissues of the womb; they proceed from the upper surface of the womb, and, extending along, spread out and join the womb and the vagina to the sides of the pelvis, these sides being called its walls.

These ligaments are membranous in their appearance. The broad ligament of the left side is seen removed in Plate v. so that the parts, enclosed within the folds of the ligament, may be seen.

These broad ligaments make broad folds, and because, as spread out like wings from each side of the womb, they have somewhat the appearance of the *wings of a bat*, they are named *ala vespertilionum* (wings of a bat). The upper edge of each is partly doubled or folded, forming two small distinct foldings or duplicates, which Winslow names the *pinions of the broad ligaments*.

“Each broad ligament consists of a fold of serous membrane, between the layers of which are situated the ovary, the Fallo-

pian tube, the round ligament, and some bloodvessels." (*Quain and Wilson's Anatomy of the Viscera.*)

The *round* ligaments, which Winslow describes as cords composed of vessels (vascular cords), are truly prolongations of the womb, continuing on each side from the base, *i.e.*, the fundus of the womb, in the shape of rounded cords (Plate v., letters c, c; and Plate vi., letters F, F) gliding into the great fold or duplicature of the broad ligament, and passing out, attended with a network of vessels and strong fibres, through certain ring-like openings in the muscles of the belly, to the external region of the pubis, where they are lost in the fat scattered though the groins. In Plate v. the round ligament is seen, having its sheath on the left side removed; and on the right side it is seen enclosed in its sheath of the broad ligaments (Plate v.). Indeed, as Winslow notes, these round ligaments are two long bundles of arteries and veins interwoven and connected together by a fine cellular tissue.

So that the womb, viewed as an organ, to be well retained in its place, and yet to admit of motion without permanent displacement, is correctly described by Heisteras:—"At its posterior part *free*, at its *anterior* part united with the vagina, and at its *lateral* or side parts attached by ligaments which are twofold."

These appendages, in themselves important, are associated with the other appendages of the womb, performing, in association therewith, important uses.

At each angle of the base or the fundus of the womb interiorly is an *opening*, represented in Plate vi., at c, where the substance of the womb is cut through to show a tube, d, passing through the opening into the cavity of the womb.

An opening occurs at each side, at the two angles of the triangle of the womb.

This tube, d c, gets larger as it proceeds from the womb on each side. It is represented in Plate v., letter h, on the left side, where it is divested of the broad ligament for the purpose of being seen, as it is on the right side, letter o, covered with the broad ligament.

This is the FALLOPIAN TUBE, so called from the anatomist Fallopius, who discovered it. The opening into it from the womb is called the *internal entrance* (ostium internum).

This opening into the Fallopian tube commences at the part

already described, as present at each angle of the triangle at the fundus of the womb.

The Fallopian tubes are two canals, one at each side, four to five inches in length, sheathed, as it were, in the broad ligaments, and running at first in a straight line, forming, as they advance to their end, an *outward curve* (see Plate v.). In the middle they are about the thickness of the little finger.

Their ends, or rather the parts where they join the womb, are very small; a small stilet will pass into the opening. The other ends floating freely in the abdomen are more ample, and the canal therein formed admits a moderate-sized tube.

At their ends, these Fallopian tubes have *fringes* called *fimbriæ* (Plate v., l. l.), an appearance somewhat similar to the projections of the cuttle-fish, the appearance being (as Gottman remarks) as if the fringes had been bitten off.

Winslow, as already noticed, calls these fringes the pavilions of the Fallopian tubes, they being like ornamental entrances to the tubes.

Of the irregular processes or projections forming these *fimbriæ*, one is longer than the rest, and is attached to the corresponding ovarium. Plate v. letter N.

The fimbriated border presents a *fissure* or opening, called the *abdominal entrance* (*ostium abdominale*).

These Fallopian tubes are connected with another appendage of the womb.

In Plate v., letter I, is seen situated below the Fallopian tube, at the left side of the womb, a cord coming from the womb; and growing to that cord is seen an enlargement, letter M, from the other end of which is to be observed a tube, letter N, which, as noticed, attaches the enlargement to the *fimbriæ*—i. e., the fringes of the Fallopian tube.

This enlargement is called the OVARY.

An ovary exists on each side of the womb.

The ovary is, by this band attaching it to the Fallopian tube, brought into communication with the interior of the womb.

The ovaries lie in the hind folds of the broad ligaments.

An ovary is represented in Plate VII.

The ligament, which fastens it to the womb, is here represented by D.

The ovary is represented in Plate VII. as cut through; and

embedded in the ovary are seen twelve to twenty bladder-like (vesicular) bodies marked B B, named, after the discoverer, Graaf, Graafian vesicles; or, being like little eggs, Graafian ovules (*ovum*, an egg).



Plate VII.

These, the vesicles of De Graaf, lie in the tissue—*i. e.*, the parenchyma of the loose cellular tissue of the organ—within a thick opaque capsule, the tunica propria, itself being invested by a reflection of the peritoneum.

These, in females who have borne children, amount to from 8 to 15 or 22.

Vessels go to these ovules from the central portion of the ovary (Plate VII. C C).

These vesicular bodies are composed of a fine membrane, separable into two layers, containing in their cavity A A, an ovum C C.

The ovum is contained in a Graafian vesicle.

The surface of the ovary, except at the inferior margin, where the bloodvessels enter, is smooth, and curves.

Each ovary consists of a peritoneal coat or investment, and of dense fibrous and cellular structures.

The ovaries, Winslow states, are two whitish oval flat oblong bodies, situated at the sides of the fundus of the womb, to which they are attached by a kind of short round ligament; and, together with this ligament, they are enclosed in the folding of the posterior wing or pinion of the broad ligament.

“Under the ovula lies a kind of glandular substance, of a yellowish colour, and twisted like very delicate intestines, corpora lutea; in fact, the ovula seem, as it were, set in their substance like a jewel in its case.



Plate VIII.

(Plate VIII.) Occasionally they are conspicuous in virgins, but chiefly in pregnant and child-bearing women.” (Heister, *Comp. Anat.*, p. 327.) These are called *corpora lutea*—*i. e.*, yellow bodies. The cavity caused by the disappearance of this ovulum is formed, so to speak, of a new structure, produced after the vivification of the ovum or germ, and presents small yellow spots of the size of a grain of mustard-seed.



Plate IX.

Plate IX.

These corpora lutea, already intimated, are considered to be

an evidence of the parties possessing them having had children, though they have appeared in women who have not borne children.

Mason Good gives the following summary of these parts :—

“The ovaria are two spheroidal flattened bodies enclosed between the folds of the broad ligaments, by which the womb is suspended. They have no immediate connexion with the womb, but near them the extremity of a tube, which opens on either side in that organ, hangs with loose fimbriæ in the cavity of the abdomen, into which it communicates the fimbrial end. This tube is called the Fallopian, from the name of its discoverer. At the age of puberty, the ovaria acquire their full growth, and continue to weigh about a drachm and a half each, till menstruation ceases. They contain a peculiar fluid resembling the white of eggs, once supposed to be secreted by the glandular structure of various small bodies embedded in them, which have been denominated *corpora lutea*.”—Vol. iv. p. 8.

These repetitions of description are made, because it is deemed highly important that all these parts should be thoroughly understood, and Dr Ashwell appropriately adds that, in reference to the knowledge of causes, *i. e.*, to Physiology, the ovaries deserve the most careful study.

It may be satisfactory to dwell still further on some points.

From each side of the womb, internally, there is an opening called the *uterine* entrance of the Fallopian tube, which admits a fluid to pass from the womb into the Fallopian tube. It appears that this fluid can be carried along the Fallopian tube to the fimbriæ into another opening, the abdominal entrance, and that through this opening the fluid can be carried to the ovum in the ovary; and that, the ovum becoming impregnated, it can be carried into the womb, the fimbriæ forming a kind of funnel for its introduction.

To enable the womb to draw the ovum into itself there are found, at the uterine entrance of the Fallopian tubes, muscular fibres in concentric layers, which, by their contraction, effect this action.

The fringes at the ends of the Fallopian tubes, when they erect themselves, which they do at the moment when an ovum escapes from a Graafian vesicle, form a funnel-shaped space. The ovum received into this funnel-shaped space passes through the Fallopian tube into the womb, in the cavity of which it disappears by absorption, or is changed into a foetus.

CHAPTER III.

BLOODVESSELS, ARTERIES, AND VEINS OF THE WOMB. COPIOUS SUPPLY OF BLOODVESSELS TO THE WOMB AND ITS APPENDAGES. WONDERFUL CONTRIVANCES TO PREVENT INJURIES AND TO ENSURE A PROPER SUPPLY OF BLOOD TO THE WOMB.

EVERY organ, having important functions to perform, is supplied with blood in a ratio proportioned to the functions to be performed.

The bloodvessels, supplied to the womb and its appendages, are *arterial*, supplying red blood; and *venous*, supplying dark blood.

The arteries are derived from three distinct parts of the main arterial system.

The main arterial trunk, called the AORTA, arises direct from the heart.

From the aorta, Plate x., No. 4, as it descends through the diaphragm (2, 2,) downwards in front of the spine A, proceed two branches called the spermatic arteries, lying half-an-inch above fig. 4, which carry the arterial blood to the womb and its appendages.

A little above the spermatic arteries, two arteries called *renal* (see Plate x.), because they supply the *renes*, the kidneys, Plate x. c, c, come off from the aorta.

It sometimes happens that the left spermatic artery, instead of passing distinct and direct from the aorta, comes off as a branch from the left renal artery.

This deviation extends to the left spermatic vein. Heister records,—“The left spermatic vein arises usually from the left renal vein. The reason for this deviation in the supply of the blood I do not know.”

A second source whence the arteries, supplying the womb and its appendages, derive origin, is lower down in the pelvis,

these vessels being called the *hypogastric* (see Plate x.), the bloodvessels within the pelvis.



Plate X.

A third source of blood-supply to the womb and its appendages is found still lower down, the vessels being called the external hæmorrhoidal. Those coming from vessels lying in the cavity, formed by bones of the ileum, are named *internal iliacs*; and it is a fact worthy of notice, that the hæmorrhoidal vessels supplying blood to the last gut and the parts adjacent serve to

Note.—In Plate x. the letters d, d, represent the ureters, the tubes which carry the urine from the kidneys to the bladder.

explain the occurrence of *piles* (hæmorrhoidal vessels enlarged), so often taking place in connexion with affections of the womb.

The womb is thus provided with an abundant supply of blood; but to ensure, under every possible circumstance, a full and an equal supply, the spermatic, the hypogastric, and the hæmorrhoidal vessels have remarkable intercommunications with each other by means of branches which wondrously intertwine. Such intertwining is technically indicated by the term *anastomosing*, an arrangement serving the purpose of preventing any injurious accumulation or congestion of blood; because, by this anastomosing, the blood is prevented being concentrated in any particular set of vessels, being by this means diffused.

"This wonderful intimacy of communication is exhibited in the facts, that if air, wax, or mercury is or are injected into any one of the three sets of vessels referred to, all the rest, even those of the opposite side of the womb to that in which the injection took place, are readily filled by the air, the wax, or the mercury; indeed, they branch or anastomose into twirling and curving network meshes which surround the entire womb, creep through its substance everywhere, and on all sides, and at last vanish, constituting the chief part of the organ."—*Boerrhave, Inst. Med.*, p. 644.

This is strikingly exhibited in the drawing represented in in Plate XI.



Plate XI.

In reference to the womb appendage, the ovary, Boerrhave states:—

"They, the ovaries, are supplied with arterial blood by the spermatic and the hypogastric arteries, as well as by other vessels, all of which are so closely united before they enter these organs in this situation that they seem to constitute a single vessel, a troop of network twistings (plexusses).

"The same is true of the corresponding veins, as well as of the numerous vessels that carry the other fluids through these parts, the lymphatics."

In regard to the VEINS of the womb and its appendages, they have a threefold derivation, and have the same names, and, to a great extent, the same distribution as the arteries.

They, as veins, have a difference, being destitute of valves, and being more capacious than arteries; this increase of capacity being particularly evident in the state of pregnancy. The arteries in the womb, also, are enlarged in the state of pregnancy; a special want being in this state created, a special supply is provided.

Such are the adaptations devised to supply the necessary quantity of blood to the womb in its especial states.

The nerves of the womb are numerous.

Heister states:—

"The uterine nerves are derived from nerves coming out of the spinal column between the ribs, these nerves being named *intercostals* (*inter*, between, *costos*, the ribs), and by the sacral nerves."

Dr Robert Lee has demonstrated that the womb itself is abundantly supplied with nerves.

A drawing represents some of the nerves on the womb; they were observed and represented by De Graaf in his work "*de Mulierum Organis*," published in Amsterdam.

The subsequent discoveries of Dr Lee in 1849, entitled "*Memoirs of the Ganglia and Nerves of the Uterus*," have given fresh evidences of the great supply of nerves to the womb.

The discoveries of Dr Robert Lee were treated with neglect, and the parts described by him as nerves were denied to be nerves. That they had not been recognised before depended on the circumstance that they had never been examined in the developed condition of the womb—namely, during pregnancy—a condition causing all the vessels and the nerves to become enlarged; under which condition Dr Lee made his discoveries.

This description of the womb and its appendages, and the bloodvessels and the nerves in connexion with them, will, it is trusted, be sufficient to enable the reader to make the nature of these organs, and the duty performed by them, clear and intelligible. It is essential that the parts described should be understood, since such understanding will be the means of making the development of the diseases, hereafter to be detailed, plain ; thus placing the cure of these diseases on the basis of certainty, and so justifying the feeling of hope in those suffering from such affections.

CHAPTER IV.

MENSTRUATION.

ONE chief function of the womb and its appendages is to secrete a fluid, which appears monthly, or at regular periods, and is, from the Latin word *mensis*, a month, called the

MENSES, or the MONTHLY or MENSTRUAL DISCHARGE, or the MONTHLY PERIOD.

About the age of thirteen to fifteen years, females in this country very frequently experience an unpleasant degree of fullness, attended with a sense of heaviness in the head, of tightness in the chest, and of weariness and lassitude in the limbs.

In addition to these symptoms, occasional flushes of heat and of redness in the face, pains in the hips and the thighs, and a frequent desire to urinate, occur.

(*Practical Remark.*—The facts teach that, previous to the development of any new action, although the action is natural, variations in the phenomena present themselves, indicating the development about to take place.)

Bleeding from the nose or from the chest are sometimes associated with the new actions.

After these conditions have existed for a time, a *secretion*, generally of the colour of venous blood, but slightly more fluid, takes place from the uterine system.

This fluid like to, but not really, blood, seems to be separated, in the womb and its appendages, from the blood circulating in the arteries of these organs.

This fluid is thought to be special to the human female.

This fluid is distinct from blood, its parts never separating—*i. e.*, not passing into a clotted or coagulated state, into which state healthy blood passes. This non-separation is deemed to be the peculiar property of the monthly fluid, the menses.

This fluid has a peculiar, a somewhat faint odour: it is less viscid than blood: it appears once in every four weeks—*i. e.*, every lunar month.

This discharge is unattended with pains—*i. e.*, when the uterine system is in a state of health.

The quantity discharged equals, in a healthy woman, three to four or five ounces.

Variations occur both as to the amount secreted and the times of recurrence.

The *quantity* of the monthly discharge is not of so much importance as the regularity of the recurrences of the discharge.

This experience is corroborated by Dr Ashwell. "So far," he says, "as my observation extends, at least within certain limits, regularity in the periods of menstruation appears of greater importance than either the absolute quantity or the quality of the fluid."—P. 2, *lib. cit.*

The reason is, that while there is regularity in the performance of the functions, the life-power is so far uninterfered with as to allow the action in the organ to be effective at the time at which nature requires the function to be performed, and the production of a greater or less result from the action of the organ is merely an accidental, not an essential circumstance.

The discharge generally ceases during pregnancy and during suckling. It ceases finally after continuing thirty years.

Supposing most women in this country begin to have the monthly discharge at fifteen to seventeen years of age, the cessation of this discharge will happen generally at the ages of forty-five or forty-seven years; or earlier, if the discharge commences earlier. So exact is this, that, in a case where the monthly discharge had been arrested for ten years in a lady, and brought on again apparently from the excitement of seeing her favourite dog so seriously injured as to be in danger of death, the whole thirty years for the discharge were made up before its final cessation.

When the womb performs its functions as described, it may be regarded as presenting the standard of uterine health.

As certain conditions frequently precede the appearance of this discharge, so certain symptoms oftentimes attend its cessation.

These symptoms affect the head, if the person has expe-

rienced, during the previous period, much mental excitement.

They affect the chest, if the parts contained therein have been subject to violent or diseased action during the previous period.

They affect the stomach and the bowels, if causes operating injuriously thereon have existed in strong intensity during the previous period.

And so in reference to the other organs of the body.

It should ever be remembered, that no pain should attend the approach or the departure of the monthly discharge. The opposite opinion, though too generally prevalent, is incorrect. This state, instead of being described as that of being "unwell," should be the opposite—viz., that of "being well." To suppose the contrary, is virtually to say that the Creator did not impart to woman a constitution fitted to realize the object for which that constitution was given by Him. This cannot be believed.

Menstruation may, with truth, be regarded as a function of the highest importance to woman, being so intimately connected with the whole of her economy, that its partial or entire suppression taking place before the proper time for its cessation, is attended with serious and oftentimes fatal disease.

It is as much a natural discharge as is the discharge of water from the bladder, or of fæces from the intestines, or of perspiration from the skin; the difference is that it occurs monthly, the others occur daily.

And as there is no pain, but rather comfort, in the formation and in the passage of the water, or in the formation and the expulsion of the fæces, or in the formation and the diffusion of the perspiration, so there cannot be any reason to believe that pain was intended to accompany the formation and the escape of the menstrual discharge, but rather, it is reasonable to infer, that health and comfort were fixed as its attendants.

Still, many *do* suffer pain, and that so severely as even to cause them to look forward with dread to the menstrual period; and such pain is as much an indication of disease of the womb as pain in passing the urine, and pain in passing the fæces, indicate disease of the bladder or disease of the intestines.

The circumstances under which pain and suffering are connected with the menstrual discharge are therefore worthy of notice.

They are associated with impeded menstruation, with deficient menstruation, with suppressed menstruation, with excessive menstruation.

As every condition of menstruation with which pain is associated must be attended with some diseased modification of the organs active in producing the discharge, and as these modifications must end in constituting permanent diseases, indeed mischief, it becomes important to make clear the varieties of abnormal menstruation.

It may tend to throw some light on the subject of menstruation generally, and also on the numerous bearings which this important function of the uterine organs exercises on the female, to reply here to the question, *Does the womb produce the monthly discharge, or does the discharge result from a periodic action of the womb and of its appendages, or does one of the appendages of the womb cause this discharge?*

Many hold the belief, that the monthly discharge is caused chiefly, if not wholly, by the action of the ovaries.

The reasons on which this belief is supposed to be based are the following :—

First, Menstruation does not take place in infancy, and at that period the ovaries are not fully developed.

Second, About the age of forty-six, the menstrual discharge ceases, and then the cellular structure of the ovaria has partially disappeared, and the Graafian vesicles have degenerated into thick opaque bags or cysts.

Third, Cases have occurred where the ovaries are wanting ; in these cases no menstrual discharge takes place.

The following fact is recorded by Dr Lee :—

“A young woman, in whom the ovaries were wanting, died at twenty-nine.” Mr Charles Pears recorded the following appearances :—“Having ceased to grow at ten years of age, she was in stature not more than four feet six inches high. The breadth across the shoulders was as much as fourteen inches, but her pelvis measured only nine inches from the ossa ilii to the sacrum. Her breasts and nipples *never enlarged* more than they enlarge in the *male* subject. She *never menstruated*, nor

were there any indications of puberty, in mind or body, at twenty-nine years of age."

These facts are highly interesting, and show the connexion between the breasts and the ovaries.

Fourth, When both ovaries are diseased, Dr Seymour asserts, "the menses are always absent."

Fifth, "In a young woman, whose ovaria were extirpated in an operation for inguinal hernia, menstruation ceased," p. 2, *lib. cit.* Lee.

Sixth, Menstruation does not usually take place during *pregnancy*, or during *suckling*, because at these periods the ovaria are in a quiescent state, or, at least, the action in the ovaries is suspended, during the pregnant state, by the action going on in the womb (an action necessary to perfect the progeny); and during the suckling, by the action in the breasts, forming and perfecting the milk, which suspends the action required in the ovary, and, as the theory supposes, necessary to form the monthly discharge.

(*Practical Remark*.—If menstruation does take place during pregnancy or during suckling (states, as just noticed, in which the ovaries ought to be quiescent or passive), it is certain that the ovaria are not in a healthy state; and, in forming a discriminating opinion—that is, a diagnosis as to the existence of disease of the ovaries—the fact of the occurrence, or of the non-occurrence, of menstruation, during either of these states, should be ascertained.)

Seventh, Cases have occurred where, no womb being present, Nature has tried to realize the monthly discharge by means of the action of the ovaries.

Eighth, Cases have occurred where individuals have died, the monthly discharge being on them at the time of their death; and it was discovered, that the discharge was present more markedly in the ovaries, and in the Fallopian tubes, than in the womb.

Dr Lee relates a case (p. 4 and 5) in which "both Fallopian tubes were intensely red and swollen, and their cavities were filled with menstrual fluid;" also, a case (p. 5) in which "the free extremities of the Fallopian tubes were gorged with blood;" in another case (p. 5) "the ovary was occupied by three small cavities, one of which was filled with semi-fluid blood, and a

third with a firm coagulum of blood ;” in another case, “both ovaries were remarkably large, and both Fallopian tubes were red and turgid; the right ovary was much larger than the left, and, when cut into, a cavity was found which was filled with half-coagulated blood ;” and, finally, in another case (p. 6, *lib. cit.*) “both Fallopian tubes were red and turgid, and the interior of the left was filled with much menstrual fluid.”

To these facts, illustrative of the relationship between the state of the ovaries and the state of the monthly discharge, may be added others.

Thus, it is found that during the monthly discharge, the ovaria are larger than usual, and the Fallopian tubes are red and turgid. The womb, too, descends transitorily into the pelvic cavity during the monthly discharge.

All the phenomena connected with the process of the monthly discharge seem to be referable to certain changes in the Graafian vesicles.

Dr Lee adds his testimony:—

“On the 18th of November 1852, I examined the uterus and the ovaria of a young woman who had died suddenly the preceding day, when the menses were flowing. Both ovaria were larger than usual, and the Fallopian tubes were red and turgid; the peritoneal coat of the left ovary was perforated at the extremity nearest the uterus by a small circular opening, around which the surface of the ovary was elevated, and of a bright red colour. When cut into, the substance of the ovary around was of a fawn colour.”

All these facts testify that the ovarian appendages have much to do with the development of the menstrual discharge, and that the state of the ovaries must be a chief influence in causing the menstruation to be painful, or otherwise.

It becomes evident, therefore, that a knowledge of this fact will be very useful as introductory to the explanation of the development of ovarian disease. Hence, also, how essential it is to attend to painful menstruation, as such state indicates a condition of parts that almost always becomes ultimately productive of disease more or less serious.

Painful menstruation ought always to be treated remedially, both hygienically and medicinally. This applies specially to its occurrence in early life, as the condition thus indicated not

attended to, will be developed with some danger at the cessation of the monthly discharge.

The correctness of this view is exhibited in Case 60, recorded by Dr Robert Lee (326, *lib. cit.*). Indeed I incline to the opinion that in painful menstruation, chlorosis, green sickness, as it is called, and hysteria, all intimately connected together, the conditions are referable rather to an altered state of the womb-appendages than to that of the womb itself.

The facts recorded establish the necessity of careful examination of the belly in connexion with the site of the womb-appendages,—a necessity strengthened by the following statement of Dr Lee :—

“The adhesions between the ovaria and the Fallopian tubes, so frequently met with in examining the bodies of women of different ages and conditions of life, prove, that slight attacks of inflammation of the peritoneal coat of the ovaria are not of rare occurrence, and that their presence is seldom discovered during life.”

Though these conditions are not palpably discoverable during life, there are certain indications that *are* discoverable during life.

In some cases of painful menstruation, membranes red or whitish at the margins (somewhat similar to the tissues called the *decidua*, *i.e.*, like thrown-off membranes) are discharged from the womb at each period.

These membranes are sometimes of a triangular shape, the inner surface being smoothed and filled with fluid, while the exterior, which has been adherent to the womb, has a rough and flocculent appearance.

In other cases, the production of these membranes, deemed to result from the inflammation of the living membrane of the womb, is attended, as might be supposed, with more or less uneasiness in the region of the ovary in the intervals between menstruation; and, moreover, this condition is one admitting rarely of pregnancy occurring.

Dr Dewees states, that he has seen a portion of membrane discharged from the womb not much larger than the nail, and this was discharged after severe suffering. A similar phenomenon I have myself observed.

The formation and the expulsion of this membrane are sources

of great anxiety to the sufferers, inducing a belief that they have cancer, or that some malignant formation is taking place, though, if such be homœopathically attended to, there is every reason to expect its removal.

I remember being consulted by a lady who used to pass these membranes whenever the monthly discharge occurred. To ease her mind, an examination was proposed, but declined. At length her anxiety became so great, that an examination took place; no malignant affection was detected, and her subsequent recovery was much facilitated by the ease of mind resulting from the examination.

The sensations, both bodily and mental, produced in connexion with this inflamed condition of the living membrane of the womb, corresponding as they do to the pathogenetic effect produced by aconite, explain the accuracy and the justness of the following remarks by Hahnemann on the action of that medicine :—

“Aconite is indispensable for females who suffer from fear or contrarieties during the catamenia. In those cases it will be sufficient to direct a single inspiration, and for an instant, from a bottle containing a globule of the size of a mustard-seed which has been impregnated with the thirtieth dilution.”

It has been further found, that where painful menstruation has been distressing, the womb-appendages, particularly the ovaria, have cysts, containing fluid, formed in them more than in any other organ of the body; and as these bags or cysts constitute, when fully developed, encysted or ovarian dropsy, how important is it to attend to this state, viz., to painful menstruation, and thus to anticipate the formation of these cysts, which do not come rapidly, but generally commence in an enlargement of a Graafian vesicle.

It may be regarded as a truth, that the pains associated with menstruation are connected rather with the womb-appendages than with the womb itself. Dr Lee is of this opinion: and hence the likelihood of the formation of these cysts where painful menstruation is frequent.

It may be well to recall to mind the fact, that during the secretion of the monthly discharge the ovaries swell, and blood is more abundantly supplied to them. This increase of size and this increased flow of blood to the ovaries will, if any disease

exist, explain the painfulness attendant on the monthly discharge. At the same time, let it be remembered, that mere increase of size and increased redness of a part do not of necessity cause pain. The coats of the stomach enlarge, and have their pale tint changed to a beautiful blush when food is taken into the stomach, and this without the attendant of pain. Dr Beaumont illustrates this fully in his valuable work.

(*Note.*—It is important to remember this, because there is much ignorance in connexion with what are called congestions, people often believing that all congestion is disease, whereas it is not of necessity so.)

If, however, there exist any diseased condition in the womb and its appendages, then the increased size of these organs during the monthly period causes the action which now takes place in a *modified*, that is, a diseased tissue, to be painful—a painfulness not present when the organs themselves are in their normal state, even though temporarily congested.

Thus it happens that many women dread the recurrence of the monthly discharge.

Some regard painful menstruation as a part of their lot, and hence too frequently arises the neglect of the use of medical means for a cure of these states.

Others maintain that, the Creator being good, painful menstruation necessitates a belief that there is a deficiency in His wisdom in not providing against pain in the performance of every natural function, even that of childbearing.

A third party, and this is a rapidly increasing party, embraces those who believe that God never associates misery with the performance of a natural function, but that when such misery occurs, there is some abnormal state in reference to the organ performing this function, which abnormal state admits of removal by the appropriate remedial means.

(*Note.*—I was once invited to visit a lady at Oxted in Surrey. She was pregnant, and her friends considered her to be labouring under consumption. On entering on the consideration of her case, I found her very unwilling to communicate, and in searching for the cause of this, her belief appeared to be that nothing could be done for her, since the condition of suffering, as connected with the pregnant state, was a part of the Divine will, as expressed in the statement, "In sorrow shalt thou con-

ceive and bring forth." Biassed by these views, she would not take medicine, and she died of consumption soon after she gave birth to her progeny.)

The soundness of the conclusions arrived at by this third party will be illustrated forthwith, and, it is hoped, will be so illustrated as to give the satisfaction which can be found alone in the building of a belief upon well-reasoned data.

These explanatory remarks on the function of menstruation and of the organs engaged in its performance, as well as the remarks on those conditions connected with painfulness sometimes attendant on the performance of the function, will form a useful preparation to the understanding of some of the various forms under which menstruation exhibits itself in conditions not correspondent to its normal character; and, in unfolding these, an opportunity will be afforded of demonstrating the immense value of the homœopathic treatment of diseased affections connected with the menstrual or monthly discharge.

These forms may be grouped under the heads of—

No. 1. Suppressed Menstruation.

No. 2. Excessive Menstruation.

No. 3. Painful Menstruation.

No. 4. Painful, Irregular, and Deficient Menstruation.

I.—SUPPRESSED MENSTRUATION.

When the monthly discharge is suppressed there is no flow; such is designated as Amenorrhœa (α , α , not; $\mu\epsilon\nu\omicron\varsigma$, *menos*, month; and $\rho\epsilon\omega$, *reo*, to flow).

CASE 1.—M. O. (page 1304, case-book 1845), aged 26. About three weeks since she vomited blood; the blood discharged at the first vomiting was bright red, at the two subsequent vomitings dark. Her appetite is good; the food lay heavy before the vomiting, but has been easier since. She has no thirst; her bowels are regular; water clear. The monthly period has not appeared for the last two months; it has never been very regular, and its colour is pale when it has appeared. Her spirits are low; her hair comes out; she has no eruptions; she has been under the care of an eminent physician accoucheur, but without benefit. Ordered pulsatilla 4/12. Feb. 25.—More blood or vomiting; the food produces no inconvenience; the

monthly period came on yesterday, and it was less pale than on previous occasions; her spirits are better. As her hair still came out, and her breath was offensive, she was ordered mercurius 4/12, and she recovered.

In this case there was vomiting of blood, dependent, no doubt, on the non-appearance of the monthly discharge; *i.e.*, the action, suppressed in relation to the womb, was transferred to another organ, the lungs. Pulsatilla produces vomiting of blood, hence it cures this condition.

The gastric disease existing evidenced itself by the food lying heavy, which indicated pulsatilla.

The low spirits indicated puls., pulsatilla having the power of producing, in a marked degree, the condition of low spirits.

Mercurius produces and consequently cures the hair coming out, and also the condition of the offensive breath. The cure was complete.

CASE 2.—*Suppressed Menstruation of two months' duration cured.*—L. S. (page 1569, case-book 1845), aged 20, single. She complained, Feb. 27, 1845, of violent pain at left temple, which has now continued for three days; she has been subject to it three or four years, principally towards night. She has it when she is still, but it is worse when bustling about; the part painful is hot. The bowels are rather confined, acting every other day; water is clear. The monthly period has not appeared for three months, although previously it had been always regular; her spirits are low. Ordered pulsatilla 4/12. March 8.—The temple pain is better; the heat at the part painful is better. She has pain under the left breast; bowels are still confined; her spirits are better. The monthly period has again come on.

Bryonia 4/12 removed the pain in the breast and the confined bowels.

In this case is exhibited the state of being worse when still. In pulsatilla this pathogenetic effect is well known. Pulsatilla produces low spirits, a symptom present in this case. Bryonia effected the cure of the remaining symptoms.

CASE 3.—*Suppressed Menstruation of four months' continuance.*—M. R. (page 1233, case-book 1843) came under treatment for *lepra*, and has derived much benefit. During the treatment the

monthly period was suspended for four months. Pulsatilla 4/12 caused its return.

CASE 4.—*Suppressed Menstruation of five months' duration.*—I. S. (page 1578, case-book 1845), aged 21, has been in a very harassing situation for five months, and has not seen any monthly period since. She has a dreadful pain in the head; her appetite is not good; her bowels act each day; her water is very thick; she has pain at the right side; she swells in her body in the evening. Ordered puls. 4/12, because pulsatilla has the power of producing *swelling of the body*, this swelling taking place *especially* in the *evening*.

January 29.—Her monthly period recovered.

CASE 5.—*Suppressed Menstruation of five months' standing.*—S. H. (page 805, case-book 1846), aged 16, very delicate and pale, came under treatment for nebulous cornea, and its consequence, dim sight. She has pain at the left side; her bowels are costive; the actions hurt; her monthly period, which came on at 13, has been absent *five* months. She has much white discharge; the labia are much swollen. Ordered *pulsatilla* on April 24.

May 1, 1846.—The pain at the left side is better, and the monthly period has come on. The monthly period became, under treatment, more regular, recurring at two months' interval.

The pulsatilla was ordered, because it produces pain at the left side, because it produces constipation, because it produces swelling of the labia, and, in regard to white discharge, it produces the (p. 564) "milky leucorrhœa, with swelling of the labia." The result was, on May 1, 1846, "the pain at the left side is better, and the monthly period has come on." The monthly period became more regular, recurring at two months' interval.

CASE 6.—*Suppressed Menstruation of five months' standing, with mental affection.*—R. M'G. (page 601, case-book 1848), aged 27. She has been affected since her birth with diseased heart, arising from a fright which her mother had when in the seventh month of her pregnancy. She has worked eleven years at the bookbinder's trade. Her belly is enlarged, and there is a hard-

ness at the right side of the belly; she complains of her back. The monthly period has stopped upwards of five months, and she has been partially out of her mind three times since the stoppage. She has an excessive timidity of fire. She has been at the Middlesex Hospital; at that hospital they wished her mother to send her daughter to Hanwell, but she brought her to me; she was not in a perfectly sane state when she was brought. I ordered *pulsatilla*, and recommended rubbing the belly with the hand. Feb. 15.—Her courses have come on; she has “come to her senses nicely;” her back is better. She has done, the last week, a little bookbinding, which she has not done for the previous twelve months. Ordered *pulsatilla* in less doses. She has regained her monthly period.

In the 6th case, *pulsatilla* was chosen because of its special action on the mind, deviations in the mental state connected with the suppression of the monthly discharge being peculiarly adapted to it. The action in this case was very marked.

In the 7th case subjoined, that of J. H. (pp. 838–844, Feb. 3), *pulsatilla* was selected principally in connexion with the power of producing swelling in the legs. Any one wishing to study the pathogenesis of *pulsatilla* in this respect will find abundant illustrations in the effects in “Hahnemann’s *Materia Medica Pura*,” pp. 801, 803, 849, 850, 851, 852, 853, 854, 856, 858, 859.

CASE 7.—*Suppressed Menstruation of six months’ duration*.—J. H. (page 838, case-book 1844), aged 27, married, mother of two children. She has lost her uvula. She has a dreadful cough and sore throat, and tickling in fauces into the ears; much expectoration, but very difficult to expectorate; the cough catches her in the windpipe every now and then, makes her retch, and chokes her if not drinking immediately; *she has had no monthly period for six months*: she came under treatment in September 1844. The hoarseness was excessive.

Belladonna relieved the soreness of the throat; *causticum* relieved the hoarseness, enabled her to expectorate the phlegm, and caused her to swallow better than for some months. The cough continuing to make her hoarse, and being decidedly a windpipe cough, *spongia* was prescribed with great benefit. In November, pains having come on in the head, and a feeling of

being strained in the region of the breasts when coughing and great chilliness being present, *bryonia* was prescribed, with marked benefit. The pains still continuing in the head, and the legs swelling, and a feeling of giddiness as if she should fall being still present, the monthly period not having as yet recurred, *pulsatilla* was ordered, and, on January 24, 1845, when she called on me for a return of the sore throat, she stated that after taking the *pulsatilla*, the monthly period had recurred at the regular time.

CASE 8.—*Suppressed Menstruation of six months' duration cured.*—M. P. (page 1427, case-book 1845), aged 21, single, December 6, 1845. She has severe pains across the forehead, is feverish, burns, is thirsty, and her bowels are confined; she has severe pain in the back; she has had no monthly period for six months; has white discharge with irritation. Ordered *aconite* and *pulsatilla*, in alternation. Dec. 10.—Symptoms still continue, and her breath is short. Ordered *aconite*, a globe every eight hours. Dec. 12.—Still pain in forehead; has shooting pains in the temple; she feels great tenderness at the side of the belly, where there exists a swelling. Ordered *pulsatilla*, and the *pulsatilla* poultice.* Dec. 13.—Pains still in forehead and in temple, but the pain in side is better. Ordered *pulsatilla*, 4/12. Dec. 16.—Pain in forehead and shooting pain in temple are better; pain in side is a little better; but she sweats at night all over. Ordered *calcarea*, 4/12. Dec. 22.—Pains in head better; the side pain is still bad, and she feels excessive tenderness at the side, at which part there is a swelling. Ordered *belladonna*. Dec. 26.—The pains in head lessened; the pain in side is better, but the tenderness is still excessive and the feeling to touch is as if there were a collection of pus between the investing integuments of the contents of the belly. Ordered *hepar sulphuris* and *belladonna*, in alternation.

Jan. 2, 1846.—Pains in head, temple, and side are much better; the tenderness is much lessened, though it becomes worse towards night; the softness, like matter between the

* By *pulsatilla poultice* is meant a bread poultice (made as directed in Domestic Homœopathy by Dr John Epps, 6th edition p. 80), on which are dropped, before applying to the part, twenty drops of tincture of *pulsatilla* of the first dilution.

integuments, is still to be felt. The monthly period, which had been absent for six months, now recurred, and lasted four days. Ordered *hepar sulphuris*, one globule, and *belladonna*, half a globule, in alternation for a week, then half a globule of *hepar sulphuris*, and a quarter of a globule of *belladonna* for three weeks. She became cured of the pains in her forehead, temple, side; also of the tenderness and of the swelling: and the monthly period continued regular.

This patient was seriously ill; she had ovarian enlargement, and there was considerable inflammation; at one time, I feared suppuration.

CASE 9.—*Suppressed Menstruation of seven months' duration*.—E. G. (page 699, case-book 1847), aged 47, a widow. She cannot hold her water, and every two months something gathers internally, she has a discharge of blood and matter, and she has a bearing down of the womb; the monthly discharge had been stopped in this patient seven months. She has a bloody purulent discharge. On October 13, 1847, the symptoms of her complaint induced me to order *sepia* 1/12, and the monthly discharge reappeared; the purulent bloody discharge ceased and was converted into a white discharge.

The reason why *sepia* was chosen to cure this case was because *sepia* produces internal abscesses, also bearing down of the womb, and a bloody purulent discharge.

CASE 10.—*Suppressed Menstruation of eight months' continuance cured*.—B. J. (page 919, case-book 1847), aged 37, married, two children. This patient has thrown off her food with green and yellow vomiting ever since she was a child; she has pain at the pit of the stomach, also headache at the top of the head; her bowels are confined; her water is thick; the monthly discharge has been absent eight months. Ordered *pulsatilla*.

Pulsatilla was ordered, because the symptoms in this case indicated such a serious disturbance of the gastric system; and when it is considered that *pulsatilla*, in relationship to its pathogenesis on the stomach and the intestinal system, has upwards of 250 effects, one can easily understand that the patient was cured, and that she expressed her delight thereupon. *Pulsatilla* was the first medicine that had stayed on the stomach, of all

the medicines that had been given by all the medical men of whom, till she had resorted to homœopathic aid, she had in vain sought assistance.

CASE 11.—*Suppressed Menstruation of nine months cured.*—S. M. (page 1121, case-book 1851), aged 25, single, consulted me January 3, 1847. She was seized on Monday morning with pain at the pit of the stomach; the pain returned this morning; she has pain all over her, especially at the forehead; her appetite is bad; the water passes very little at a time, and scalds her; the monthly discharge has been absent nine months; she has white discharge. Ordered *pulsatilla*.

June 8.—The pain at the pit of the stomach has ceased; the general pain is very much better, and the forehead pain also; the appetite is improved; the water does not scald. Ordered *pulsatilla*. June 15.—She feels ill all over her. The monthly discharge came on yesterday.

CASE 12.—*Monthly Period absent twelve months, brought on.*—F. C. (page 467, case-book 1844), aged 18, single. She complained of pain at the centre of chest, beginning at the top of the breast-bone, extending to the lowest part of the belly; she has been very ill with pain for three months, and is still so; her head is painful across the forehead, it hurts her to stoop; her tongue is coated, yet she feels hungry and wants to eat; food lies very heavy at the chest, she feels as if she must be sick, and is often so; her bowels are confined; she has had the monthly period but once, and that was twelve months since; she feels so distended from food, that she is obliged to unloosen her garments after she has taken it. Ordered *veratrum*. Dec. 26.—The chest pain is better; the tongue is cleaner; bowels are less confined; vomited only twice; cannot bear the stays on. Ordered *pulsatilla*, on account of the numerous gastric symptoms.

Jan. 2, 1845.—The pain is much better; head is better; she can stoop better; the tongue is cleaner; the hungry feeling is lessened; the bowels act better; the food lies lighter; can bear the stays better; the monthly period has come on. Ordered *pulsatilla*, in less doses. Jan. 10.—All her gastric symptoms are better. *Pulsatilla* in less doses. Jan. 24.—Pains all gone.

Additional Cases.

13. Monthly period absent fifteen months, cured in T. G., 642, 1844, March 1845.

14. Suppressed monthly period for two years, cured in E. D., 1843, March 1, 1844. The suppression was removed by *pulsatilla*.

15. Suppressed monthly period for two years, cured in C. G. On December 30, 1843, she called, and said I had cured her two years before.

16. S. R. (page 1549), September 16, was cured of suppressed menses.

II.—EXCESSIVE MENSTRUATION.

CASE 1.—*Excessive Menstruation and Hæmorrhage*.—C. C. (page 430, case-book 1846), aged 45, married, mother of one child, and has had two miscarriages. When she gave birth to the child, she was very long in labour, and has not had a child since. Sept. 26, 1846.—She stated that two months since she had an attack of a kind of cholera, and she had felt poorly ever since. She is weak throughout her whole frame; her appetite was good till lately; her food lies heavy; bowels are confined; water clear; her monthly period is profuse, almost always discharging, which has been the case for three months. The discharge is clotted. She has *taken much wine to strengthen her*, but with no benefit. Ordered *sabina*, 4/12.

Oct. 5.—*She feels much better in herself* the last two days; the food lies less heavy; bowels less confined; the discharge is less profuse. Ordered *sabina*, 4/12, in less doses. Oct. 17.—Still much better; the monthly period has come on; she has a pain across the bowels. Ordered *coccus*, then *sabina*. She feels much better.

Dec. 26.—She is quite well in every respect.

This case presents the special curative value of *sabina*, and at the same time demonstrates the absurdity of giving wine and stimuli, under the idea of strengthening the individual. The idea of wine strengthening her! What weakened her? The loss of blood: and what caused the loss of blood? Disease. What the physician has to do is to cure the disease: this is the

right way to strengthen: this will remove the debility, without any wine. The patient was cured by taking the appropriate medicine. She took a few globules of *sabina*. To me it is sad to hear talk of strengthening by giving wine. Does not such talk indicate the total absence of the power of drawing sequents from antecedents, that is to say, the absence of a philosophic mind? *

CASE 2.—*Excessive Menstruation*.—M. S. (page 1457, case-book 1846), aged 25, married. Had a child a year since, but it did not live. She thinks she has had a slight miscarriage. She has had excessive monthly period, continuing for a fortnight; the discharge is profuse; the least flurry brings it on: she has great pain in the back, and violent pain in the breasts and in the belly. Ordered *sabina*, 4/12. Aug. 10.—The monthly discharge left her on Wednesday: she feels much better, but is very weak. Ordered *sabina*, 4/12, but in less doses. Aug. 24.—No monthly period for three weeks; pain still in belly; she has shooting pains like a knife cutting through her; she has pain about her head, and she swells about the body. Ordered *pulsatilla*, 4/12.

The *sabina* exerted its curative power, but the shooting pains, the knife-cutting pains, and the swelling about the body, indicated the use of *pulsatilla*.

Aug. 31.—The monthly period has recurred, but continued only three days; *she has not been so well for twelve months*; the pain in back and breasts is better; she feels sleepy all day, and sick. Ordered *bryonia*.

Sept. 8.—No return of discharge; pains are better; has headache, and is sleepy, and has shooting pains from belly to breasts. Ordered *clematis*, 4/12, and directed that the back should be rubbed.

Clematis was ordered because the shooting pains had transferred themselves to the breasts: the result was marked.

* Apropos of such treatment, a lady, once telling me of a dangerous case in her family, in which the doctor, whom she had considered to be a *great man*, ordered large quantities of whisky to be given, made a remark which is worth remembering. "That order confounded me," she said; "and, moreover, decided me to seek other medical aid. 'What, *you*,' thought I, 'with all your learning and study, and after all the money your father must have spent upon your medical education, can do no better than order whisky! Why, I could have done, at least, as good as *that* myself!'"

Sept. 16.—Breasts are much better; the sickness has ceased; headache better; back better; sourness at stomach, which had been troublesome, better; the monthly period yesterday was profuse, but *without pain*; pain in the womb for three or four hours before it came on; hands sweat, and legs ache, and she feels weak. Gave *china*, two globules, for weakness, and directed *pulsatilla* to be taken. She repeats that she feels better than she has felt for a twelvemonth.

Oct. 6.—Hands still sweat; she has pain at heart; has low spirits, and cries; is heavy for sleep. She has been injured by excess. Ordered *calcareea*.

The constitutional state having been injured (the sweat is indicative of this injury), *calcareea* was ordered, this being one of the special powers of *calcareea*.

Nov. 6.—Hands better; pain in head and between shoulders; feels tired; bowels confined; pain in bosom. Ordered *nux vomica*, 4/12.

This case is highly instructive, and is worthy of careful examination.

CASE 3.—*Excessive Menstruation*.—H. S. (page 1584, case-book 1845), aged 17, has pain at right side; her appetite is bad; has much phlegm in the windpipe, and has had a bad cough for six months; feels obliged to lie down. Her monthly period recurs every fortnight, and lasts too long; the discharge is dark and fluid. Ordered *pulsatilla*.

July 1845.—The pain in head is very much lessened; her appetite is good; she still coughs at night and morning after lying down, and feels troubled by the phlegm in the windpipe. Ordered *pulsatilla*. July 13.—Head has been painful to-day, and is made worse by noise; cough is better; bowels rather confined: the monthly period has remained during the month. Ordered *nux vomica*, 4/12.

The reason why *nux* was used in preference to the *pulsatilla*, was that by *nux* is produced the state of being worse from noise.

CASE 4.—*Excessive Painful and Irregular Menstruation*.—E. L. (page 1206, case-book 1844), aged 26, married; has had one child eight years since, and has since that time never been pregnant. She has suffered for thirteen years from white

discharge, and she suffers much; she has had an allopathist attending upon her continually for the last six weeks, but, getting worse, she sought homœopathic aid. She has pain at the bottom of the back-bone, and at the hips; pain on lying down; her appetite is bad; her monthly period continues upon her a fortnight, is clotted and dark, she feels very ill, the pains being dreadful, the discharge being lumpy, and the pain in the belly and thighs being agonizing: her spirits are bad. Ordered *pulsatilla*. This was at the beginning of July. The *pulsatilla* was followed by *calcareea*, because she sweated at night. The monthly period did not now recur for a month—an interval which she had not enjoyed for a long time; her weakness was excessive.

Pulsatilla, followed by *calcareea* and *china*, restored her to a state of health which she had not enjoyed for a long time.

CASE 5.—*Excessive Menstruation*.—M. S. (page 1518, case-book 1844), married, aged 34, came under treatment for an ulcerated leg, which has continued for five years. The monthly period lasts three weeks. She has gastric symptoms; the food lies heavy at the stomach; the bowels are confined.

Pulsatilla reduced the monthly discharge to a week in duration.

CASE 6.—A. D. (page 465, book 1851), has been six years ill with uterine disease. She has had medical aid without benefit. Her system is altogether bad; she has an aphthous mouth; monthly floodings: discharge clotted, continuing a fortnight at a time; the tongue skins day by day, and shines; the blood often comes in gushes; the complexion is very sallow. Ordered *china* on May 1, 1847. On May 7, she stated that she had had a very considerably better time than she had ever had before.

This patient, October 1861, is now alive and in average health.

The marked utility of *china* in this case is explained, first, by the homœopathic correspondence between its effects and the symptoms of the disease; second, because *china* is suited to those effects produced by loss of the fluids of the body, and because the special bad habit, cachexia, of the body, is that which corresponds to *china*.

CASE 7.—*Excessive Monthly Discharge: Incidents connected therewith.*—On 16th March 1866, I was consulted on behalf of Miss I. (page 114), a young lady aged 14, who suffered from a too frequent and a too profuse monthly discharge. She had taken, by the advice of her medical attendant of the allopathic medical school, stout and wine. She, of course, derived no benefit. Her medical adviser believed her weakness was caused by the profuse monthly discharge, whereas the profuseness itself depended upon disease, and the proper cure was to remove the disease, when the profuseness would cease, and the weakness disappear. I ordered the cessation of stimuli, and the only drinks permitted to be taken were cocoa and milk, and milk-and-water.

(The friend, who brought this young lady, asked me to examine a tumour in her own arm, stating that her medical adviser had decided the tumour must be cut out. A careful examination satisfied me that a pin or a needle in the arm, which she might years since have swallowed, caused the tumour. Her memory being appealed to, she remembered that she had swallowed a pin two or three years since. This incident produced a decided impression. The want of diagnosis exhibited in deciding that the tumour must be cut out without having ascertained the cause of the tumour, the comfort derived from the conviction that no such necessity for cutting existed, and the conclusion arrived at on consultation and careful examination that a pin had been swallowed—all combined to create a perfect willingness to submit to the rules laid down by me as necessary to be followed by the patient.)

CASE 8.—*Incidents connected with the action of Pulsatilla in Excessive Menstruation.*—The occurrence of the symptoms of *pulsatilla* in the evening is seen in reference to the face and the teeth, as shown in the following pathogenetic effects recorded by Hahnemann in his "Materia Medica":—

170. Itching in the region of the chin, chiefly in the evening. 173. Darting beating toothache at 4 to 5 P.M., aggravated by cold water.

177. Gnawing toothache in the gums, especially towards evening, aggravated by the warmth of the bed, relieved by exposing the tooth to the cold open air, and removed by sleep in the evening.

178. Darting pain in the posterior molar tooth, aggravated by opening the mouth. From 2 to 6 in the afternoon.

183. In the evening, from 6 to 11 P.M. (preceded by heat in head with thirst), a jerking toothache, afterwards sweat.

Permit here a generalization. It was shown that a considerable aggregate of *pulsatilla* has relation to the uterine system.

It appears from the pathogenetic effects just quoted, that *pulsatilla* has a remarkable power in causing toothache. It may be inferred, *a priori*, that *pulsatilla* will be peculiarly useful in the toothache of women, more particularly when such toothache occurs in connexion with the monthly period. And that it is thus useful is an established fact.

The following circumstance is recorded by Dr Boenninghausen, in an essay "On the Homœopathic Treatment of the Toothache," read before the allopathic Medical Society of Muenster (Westphalia).

"Another cure performed with *pulsatilla* gives me still much satisfaction. Several years since, I stopped one evening during my travels, at a hotel where I met some friends, and the young family physician of mine host. I had scarcely seated myself in the parlour, when the eldest daughter of the family begged me to relieve her from a throbbing toothache, under which she had suffered longer than a fortnight, every evening from sunset until midnight. All the means employed had, according to the physician's own confession, proved useless; and though the circumstances did not permit a further inquiry into her case, I let her smell of my preparation of *pulsatilla*, and the relief was so instantaneous, that even the doctor admitted it would be something extraordinary if the cure were permanent. But I concluded that it could have acted so promptly only in consequence of the state of the patient's system perfectly corresponding with this remedy. I therefore told the doctor that, if the patient would observe homœopathic diet for eight or ten days, she would not only remain free from toothache, but her other symptoms would also subside. The young Esculapius seemed still more surprised, and asked, 'What other symptoms?' I then acquainted him with some characteristics of *pulsatilla*—viz., chilliness, while yet artificial heat is almost insupportable; absence of thirst; disposition to weep; wakefulness before mid-

night, unrefreshing sleep in the morning, disgust for rich food, etc.

"Upon this he replied that the patient must have informed me herself about these symptoms; and when it was proved that I, having just arrived, had conversed with her in his presence only, and within his hearing, he became vexed, and rather forwardly accused the patient and her parents of partiality to me."

Metrorrhagic discharge, recurring at a fortnight, restored to the natural condition in Mrs A. B. (1584), January 30.—*Pulsatilla* was the chief remedy. Metrorrhagia cured in E. L. (1080, 1846).

Metrorrhagic discharge and bearing down of the womb; the disease presented a cancerous character. She appeared as if at death's door.

A. D. (46,346, 1846), Metrorrhagic discharge lasting ten days, with cutting pain in the side of the belly. *Secale* 8/12, a twelfth part in the morning; *china*, 8/12; a twelfth part at 7 P.M.; subsequently medicines at 8.20: then 7/12; then 7/30. The action of the *china* is special for the loss of humours.

D. H. was cured (484, 1857); *acidum nitricum* was the medicine last used. Metritis and gastritis after excessive metrorrhagia. April 27, 1857.—The husband wrote, "I am thankful to say my dear wife is progressing favourably."

This patient, from special causes, was again attacked. She had allopathic aid, and she died.

Excessive Uterine Hæmorrhage.—M. A. R. (page 1342, case-book 1852), aged 32, single. She was injured by lifting a sick lady; she felt something snap at the time; she had had floodings for six years occurring every ten days; the discharge is not attended with pain; she has a great burning; she sleeps badly; she cannot lie on the left side; she has a pain at the left side of her belly; she has white discharge; the breasts pain her. She consulted me June 7. Ordered *arnica* and *secale cornutum*.

June 27.—She has had floodings for four days; the white discharge has ceased; she sleeps better; if she lies on the left side she feels as if something turned over, but if she lies on the other side it wakes her; her left nipple does not project so

much as her right, and she feels pain in the region of the left ovary. Ordered *arnica* and *secale cornutum*.

July 5.—She has had the discharge again, and it causes pain; she can turn over better; the white discharge has recurred. Ordered *arnica* and *secale cornutum*.

July 19.—The discharge is very much better; no pain; the white discharge is much better; the burning has almost ceased. Ordered *arnica* and *secale cornutum*, to take no medicine every third day.

August 10.—She is better altogether. Ordered *arnica* and *secale cornutum*, but to wait two days instead of one day.

Excessive Discharge of Blood from the Womb.—H. J. (page 1170, case-book 1849), aged 45, married, the mother of three children, consulted me January 2, 1850. She was in a state of great exhaustion, and looked seriously ill; she has,

Symptom 1. Excessive blood discharge from the womb, rather clotted, and of a black colour.

Symptom 2. She has a frightened feeling; some one whom she knew has died suddenly.

Symptom 3. She has pain between the shoulders.

Ordered *secale cornutum*, one globule every eight hours.

Jan. 5.—No. 1. The discharge has lessened, but is rather discoloured. No. 2. The frightened feeling is better. No. 3. the pain between the shoulders still remains. Continued *secale cornutum*. Jan. 8.—No. 1. Clotted discharge is better. No. 2. The frightened feeling is better. No. 3. The pain at shoulders is felt worse after eating.

Symptom 4. She has an empty feeling soon after taking food; she feels no sinking.

Ordered *veratrum*, 4/12, in the course of the week. Jan. 15.—The symptoms are all better. Ordered *veratrum*, 3/12, in the course of the week. Jan. 22.—Her symptoms are better, except the empty feeling, and,

Symptom 5. Giddiness in head.

Ordered *veratrum*, 3/12. Jan. 29.—Symptoms improving, except the empty feeling, and a new symptom, No. 5. Heat at top of the head; the giddiness is better. Ordered *phosphorus*.

Feb. 6.—All the symptoms except the sinking are better. Ordered *veratrum*. Feb. 12.—Giddiness still improving, and

the sinking is now better. Ordered *veratrum*. The patient continued to improve.

March 5.—She had a headache with chilliness and sickness, which *bryonia* removed, leaving behind an excessive prostration. *Baryta carbonica*, 4/12, effected her cure.

Diabetes and Metrorrhagia cured.—A. F. (686, 1846).—This case was one of peculiar difficulty. The association of diabetes and of metrorrhagia constituted a state generally attended with fatal results, but this patient perfectly recovered. I saw her a few years since.

III.—PAINFUL, IRREGULAR, AND DEFICIENT MONTHLY DISCHARGE.

CASE 1.—*Painful Menstruation*.—M. D. (page 349, case-book 1843), aged 18, single. She suffered from deep cracks in her fingers for seven years. She had been under the treatment of Mr R. and Dr C.; but now sought homœopathic advice. She had used a lotion in which twenty grains of nitrate of silver were dissolved in an ounce of water. The cracks extend all round the fingers; the nails peel off and cut away; on one finger the nail is so abraded as to show the flesh beneath; the sores bleed; the hands are dry; the hair comes out; she has white discharges, with itching and irritation. *Petroleum*, persevered in for a month to six weeks, produced the most beneficial results.

The reason why *petroleum* produced this benefit depended on its power to produce cracks on the fingers, peeling off of the nails, bleeding sores, and white discharge, with itching and irritation; hence it cured those conditions.

In March, gastric symptoms presented themselves; the patient experienced a sensation as if all her food lay at the root of her throat; also a feeling as of a weight at the pit of the stomach; but what troubled her most was a severe pain in the breasts at the monthly period, with great pain at the back, great bearing-down feeling at the womb, and passing great clots of blood.

Ignatia, eight globules, removed in three weeks the gastric symptoms, and the pain at the monthly period.

Among other reasons which indicated the choice of *ignatia*,

was the peculiar sensation as if all the food lay at the root of the throat—a sensation particularly noticeable as a pathogenetic effect of *ignatia*.

CASE 2.—*Painful Menstruation*.—M. D. (page 459, case-book 1846), aged 21, single, is under treatment for a tumour extending from the pit of the stomach to the navel; the tumour is large, and there is a painful throbbing in it. She has in the course of treatment experienced very great pain at the monthly period, and she has an unhealthy greenish discharge.

Pulsatilla was ordered for this, and she requested that she might be permitted to keep the prescription, as she felt so much better at the last monthly period, at which she was taking the *pulsatilla* prescribed.

CASE 3.—*Delayed Menstruation three times in a year*.—M. L. (page 900 b., case-book 1846), aged 52, single. She has suffered four months from an affection of the leg, which is swollen above the knee; she has had the monthly period only three times in the year. She took *pulsatilla*, and the monthly period became regular. The *pulsatilla* was especially indicated for the swelling above the knee. The effect is the more remarkable, because the time of life would indicate the cessation of the monthly period.

CASE 4.—*Delayed and Irregular Menstruation*.—E. L. (page 903 b., case-book 1846), aged 36, single, consulted me October 26, 1846. The monthly period recurs a week beyond the time; the discharge itself is of a proper colour; the breasts and the body swell when the monthly period stops; the belly is large; the legs ache.

Pulsatilla, 4/12, especially indicated by the swelling of the body. This caused the monthly discharge to come on at the proper time in proper quantity; the breasts and the body swelled less.

CASE 5.—*Irregular Menstruation*.—L. R. (page 1356, case-book 1848), aged 35, married, mother of four children, and has had two miscarriages. She has been subject to headache (the pain in her head is burning) since she was sixteen; she vomits; the headache affects her spirits; it comes on in the morning,

and is attended with chilliness ; bowels confined, and, when relieved, pain is caused. Her monthly period has been irregular. Ordered *belladonna*.

Dec. 19.—The head has been worse, but there has been no vomiting ; her spirits are still depressed, and the morning headache, the chilliness, and other symptoms, are the same, but the monthly period has become more regular ; there is great restlessness at night. Ordered *belladonna*.

Jan. 15.—The pain in head is very much better ; there is no vomiting ; the spirits are better ; the chilliness is better ; the bowels are very confined ; the actions are large, and occur once in two days ; the water, which was clear, has become thick. Ordered *nux* and *belladonna*, in alternation. The monthly period became regular, and the patient's health good in every respect ; she has remained well.

CASE 6.—*Deficient Menstruation*.—A. M. K. (page 1111, case-book 1844), aged 38, married. She complains of pain over both eyes, which has continued many years, being worst in the evening ; she has great weakness, and an extreme nervous feeling ; is agitated ; the food lies heavy at the chest and rises ; the bowels are costive ; the piles trouble her at times ; the monthly period is less than it used to be. Ordered *pulsatilla*, 4/12. In a few days the gastric symptoms were much improved, and the monthly period had increased. The continued use of *pulsatilla* gradually established a healthy condition of the monthly discharge.

CHAPTER V.

DISEASED CONDITIONS ASSOCIATED WITH THE MONTHLY PERIOD.

It will perhaps help to throw a little light upon matters, which might otherwise be deemed obscure, to offer a few illustrative remarks on the sympathies, which evidently show a connexion between various organs of the body; thus, in demonstrating the power which the womb exerts in producing diseased states of other parts of the body, it may be rendered apparent why certain diseased states identify themselves in connexion with manifestations of womb-disease.

In some cases of womb-disease, the head sympathizes. In such cases, there are dull pains in the head, giddiness, confusion of head, and other symptoms, often designated "nervous."

In some other cases, the stomach seems chiefly affected, and then the coated tongue, the impaired appetite, sickness, and vomiting are present.

It will be useful to enter more into detail.

Headache before the appearance of the Monthly Period.—H. C. (405, 1855 book), headache, which always occurred before the monthly period, was cured by eight globules (of the 12th dilution) of *natrum muriaticum*.

This action of *natrum muriaticum* is highly important. Its pathogenesis is well worthy of study, and such pathogenesis teaches the great extent to which the homœopathic application of this medicine is valid in connexion with head sufferings.

Headache subsequent to the Cessation of the Monthly Period.—E. S. has had great heat in the head ever since her period stopped four years ago, December 6, 1863.

Pain in a fatty lump in the head when the Monthly Period is present.—E. W. (page 1334, 1859), has a round fatty lump on the top of the head, with the hair-roots strongly ex-

hibited in it. This lump pains her when the monthly period is present.

Miss N. was cured of a womb-disease. The case was treated homœopathically after it had been given up by the allopathic practitioners. She has on the head near the ear a lump similar to that described in the previous case.

Neuralgia in the Head with the Monthly Period.—Miss E. F., page 67, September 14, 1861.—She was a martyr to neuralgia at the time of the monthly period. Homœopathic treatment cured her. She looked quite a renewed person.

Oppression on the Head with the Monthly Period.—Miss E. S., page 139.—During the monthly period she has a pressure on the head. She has also an ovarian enlargement. Cured.

Epileptic attacks developed at the Monthly Period.—Experience very extended in the treatment of this disease has convinced me that the attacks of epilepsy occur most frequently in the morning while the patient is *dressing himself or herself*.

Its occurrence, next in frequency, is at the time of the *monthly period*. The following case of cure in connexion with the occurrence of the monthly period is related by Dr Weigel, and was published in the "Notes of a New Truth," pages 62, 63, 1863:—L. de Qu., aged 24 years, who, in her childhood, had had, besides the usual eruptive diseases, frequently scald head, and even scrofulous inflammation, etc., of the eyes, had had the periodical discharge from the age of seventeen years; from that time this discharge had almost always been regular, and had been arrested merely when the patient, who was of a peevish temper, indulged that temper during the period. She was dark-complexioned, of middle height, of a splenetic and rather corpulent constitution. Often, for some years, she had had attacks of cramps in various parts, but particularly in the stomach. The various bleedings to which she had been subjected had had no beneficial effect, either upon this condition or upon the pains in the forehead, which she often experienced before the arrival of the monthly period, nor did they prevent the attacks of epilepsy which very soon visited her.

Eighteen months before consulting me, and before she had had an attack of epilepsy, the patient had been at a ball, her partner had quarrelled with another young man, and L. (the patient) fell to the ground, receiving, through the fall, a blow

on the right side of the head; she was taken up without consciousness, but soon came to herself. Two days after, without any warning or previous indication, her first epileptic fit attacked her. Two or three months passed without another attack, but, at the end of that time, she had a second attack, and from that time the attacks continued at shorter or longer intervals, so that by the seventh month she had them always one or two days after the cessation of the monthly period. The fit came on in the night only, and with more or less intensity. The patient would go to bed in good spirits without any warning of an approaching attack, except indeed it might be a great sleepiness. She had several of these fits during the night, her father stated; for, as to herself, she was entirely without consciousness at the time: the next day she felt herself very weak. She had had the monthly period some days before; it had been abundant until the 13th, although she had been better; she has had the monthly period, which is *much more than it used to be*. She was ordered to continue the *puls*.

Feb. 28, 1863.—She has had no fit; she has no shooting pains; she has no head confusion; her fingers are quite well. Giddiness, confusion of the head, and shooting pains in the head were removed by the action of *pulsatilla*, the medicine that effected the cure. *Pulsatilla* was thus effective, because of its special relation to the uterine system, also to its relation to the attacks as occurring *at night*, nocturnal aggravations being characteristic of *pulsatilla*.

Affection of the Eyes and of the Vision in connexion with the Monthly Period.—Ann C. (247, 1861) has an affection of the sight; she sees rainbows, and all manner of forms before the eyes: the eyes are worse when the period is over, the sight is duller *before* the period comes on, and *after* it is over.

Affection of the Nose (bleeding) as connected with the Womb.—C. C. (page 277, 1857) has a redness and a burning at the top of her nose, which symptoms seem to be connected with the womb, being attended with a bearing-down sensation, and other symptoms.

Epistaxis with constant Headache and delayed Menstruation.—E. B., aged 16, consulted me June 18, 1839. Is troubled with *bleeding from the nose* on drinking any beer, wine and water, or any stimulant. She has constant headache. She has not had

her monthly period, and has been taking medicine, but without benefit, according to the old method, for some time, to bring about this change, the symptoms described being considered as caused by non-appearance of the monthly discharge. As yet there is no indication of the expected change. I prescribed *sulph.* 3 glob. in ten spoonfuls of water, one twice a day.

August 6.—Her mother called and stated that the headache and the bleeding at the nose were much relieved by the medicine, and that three weeks since the menstrual discharge came on. She does not bleed at the nose, and is well. It may be said that this is not a case of *delayed* menstruation, the age being only sixteen; but her mother menstruated at fourteen, and her sister even earlier. The medicine forwarded the change: and, be it remarked, *relieved* the headache and the bleeding at the nose *before* the discharge was *established*.

(*Practical Remark.*—This last fact is important, as illustrating the curative power of a medicine, in relieving conditions connected with a new discharge even previous to the discharge being re-established. Haden, in his work on Colchicum, notices a similar circumstance connected with the action of colchicum.)

Thirst in connexion with the Monthly Period.—Miss W. used to have great thirst at the monthly period, and her period was profuse, clotted, and dark, in a few minutes turning brown. She had diseased womb, and when the coloured discharge came from the womb, she had thirst.

Mouth in connexion with the Monthly Period.—E. G. (454, 1859) states, April 12, that the roof of her mouth is better (it is sore from disease) when the monthly period comes on.

Spitting of Blood in connexion with the Monthly Period.—E. P. (page 953, 1861) had the period on Oct. 29, 1861; during the period she spat blood; and, since this spitting, she has had no recurrence of the period. This illustrates another common occurrence, that when the period finally ceases, the patient often spits blood.

Sympathy between the Lungs and the Womb. Spitting of Blood.—I was consulted by a lady for a poor woman, E. M. (1133, 1855), who spits blood always a few days just before she becomes pregnant: that is, after the monthly period has ceased in consequence of her impregnation. This occurrence of the spitting of the blood under such a circumstance, namely, the impregnation

of the ovum, having suspended the natural secretive action of the womb, shows the sympathy between the lung and the womb, inasmuch as the new action of pregnancy not being fully established, the secretive action of the womb, manifested usually by the secretion of the monthly period, having ceased, the action is transferred to the lung tissue, and the spitting of blood takes place. This spitting of blood, thus caused, need not be regarded as dangerous.

Spitting of Blood at the time of the Monthly Discharge.—A. H., aged 22 (page 637, 1861), a tall, dark-haired, dark-eyed young woman, having a skin of peculiar softness, spits blood at the time of each monthly period; and, what is curious, this happens if the period is irregular; so that if the period comes too soon, she then spits blood: if the period comes too late, which it seldom does, the spitting of blood takes place then.

Difficulty of Breathing at the time of the Monthly Period.—Mrs W. of B. consulted me July 1862. She states she always has her breathing affected at the time of the monthly period, so that she feels at that time as if she would be suffocated.

Connexion between the Womb and the Cerebellum.—Mrs S., Nov. 1859, states that, when the period is coming on, a great weight and weakness in the cerebellum comes each time.

Affection of the Gut in connexion with the Monthly Period.—M. C., page 548. She has the period for one day. After the first day she has an urging at the gut, and passes a large cupful of matter.

A Pressure on the Bladder in connexion with the Monthly Period.—Miss M. (page 1158, 1856) says that, before the monthly period, she always feels a difficulty with her water, and there seems to be a pressure on the neck of her bladder.

This admits of explanation in the relative position of the bladder and of the womb in the pelvis.

Discharge from the Groin in connexion with the Monthly Period.—S. J. (page 750, 1857) consulted me March 10, 1862. She states she has had no monthly period for two years and a half; but, at the time when the monthly discharge ought to occur, she has a discharge at the *groin*. It was at the side of the thigh near the perinæum. She is married.

She states that her sister has always a white leg at each confinement; a fact exhibiting a curious resemblance in the constitutional state of the sisters.

A Growth in connexion with the Monthly Period.—Mrs V., who has a spongy growth hanging by a small cord from the left side of the belly above the groin, states that she had a sister who died suddenly; the effect of her sister's death on her was to bring on the period profusely for three days, and this growth shrivelled up. Dec. 30, 1861.

From this it would seem possible that the growth had a connexion with the womb. Had it any direct communication with the womb tissue?

Sympathy between the Hips and the Womb.—S. C. writes:—I have been suffering for the last week with violent pain and irritation of the womb, accompanied with bearing down and spasms through the hips and the loins, with a pressure on the bladder when I lie down in bed, and a pain in my head and indigestion, and the discharge returned again.

Pain in the Breasts in connexion with the Monthly Discharge.—M. S. (page 1080, 1859) complains, before the period comes on, which is free and painless, of a pain *between* the two breasts towards the pit of the stomach. The part becomes so sore that she cannot bear the least pressure. The pain extends a little into the right breast, the nipple of which is scarcely above the surface of the breast, and the areole around is paler than that of the left breast; the nipple of the left breast is more out than that of the right breast.

Cancerous Breast in connexion with the Monthly Period.—A. W. states that when her monthly period is present her cancer is better. Page 1297, 1864. Sept. 27.

Tumour in Breast affected by the Monthly Period.—Mrs Ker, who has, according to Dr Ramsden, a scirrhus in her breast, states that the lump gets smaller when the monthly period is present, and when the discharge ceases the scirrhus is quite soft. When she is pregnant the breast lessens. She suffers pain at the breast at the time of the period.

The nipple does not come out fully in the breast affected.

It is interesting to note, that the lessening of the size of the lump is caused by the relief connected with the monthly discharge, and also that relief is obtained by the action instituted in the womb by pregnancy.

Throat in connexion with the Period.—S. P. (page 820, 1861) states (July 29, 1861) that her right breast is very much swelled

and painful previous to the period coming on, and she has, at the same time, a pain in the chest at the place under the right breast where the pain is. It feels as if a lump were lodging there, which seems to pass down and go away when the period is over.

Diseased Leg in connexion with the Monthly Period.—E. F. (page 353, 1857) has a diseased leg: the leg is always worse at the monthly period.

Enlargement of the Veins in the Leg in connexion with the Monthly Discharge.—One symptom, not unfrequently associated both with the pregnant state and with the monthly discharge, is the enlargement of the veins, in the lower limbs more especially.

The medicine *ambra* has a curative relationship to this, as is evidenced in the pathogenetic effect, 241. "During the menses the left leg becomes blue from distended veins, and she experiences a pressing pain."

I was consulted in October 1864 by a young female about 19 years of age. Her friend mentioned that she had little veins in the lower part of the belly. The special character of the description given led to an examination, and I found to my astonishment little blue veins elevated above the belly surface about an inch in length; these being scattered in horizontal lines at the lower belly down to the bones of the pubes. An induration was found in the region of the right ovary, particularly elevated on the right side, and the ovary was on this side affected.

I have seldom observed any such special phenomena as connected with the puerperal veins.

Veins of Leg enlarged at the Monthly Period.—Miss E. S. (p. 139). This patient has an enlarged ovary on the right side, and the veins are enlarged at the right leg, which enlargement increases when the period is present, and a pain at the right ankle is increased at the same time.

This association of the enlarged condition of the veins of the leg in connexion with disease of the ovary at the same side, presents a most useful diagnostic condition in connexion with diseased ovary.

Diseased Leg worse at the Monthly Period.—E. T. (p. 90) is under treatment for caries of the bones of the foot. She has much improved; indeed, instead of several discharging places

which she had when coming first under treatment, she has now only one, and this is slightly inflamed. The patient states that the foot is always worse just *before* or just *after* the monthly period; and she, at the same time, not unfrequently experiences a clawing feeling in the tibia.

Skin Disease in connexion with the Monthly Period.—A. C. (p. 203, 1861) states that she has a rash on the left side of the belly, somewhat like a ringworm, and that, at the time of the period, it becomes quite raw, a condition which she relieves by applying goldbeater-skin. She has the womb much diseased.

Nervous Feelings occurring between the Periods.—A patient says:—"I always have them (the nervous feelings) commencing a fortnight before my monthly period, and gradually going off during that time." This condition is not at all uncommon, and it is met by the pathogenesis of several homœopathic medicines.

CHAPTER VI.

SYMPATHIES BETWEEN THE WOMB AND OTHER ORGANS OF THE GENERAL BODY.

THE brief record in the last chapter unfolded that the womb, when in its state of periodical action, is sometimes capable of inducing manifestations of sympathy with it, in other organs of the body; thus teaching, that the functions of the womb becoming active makes conditions to be present, which, the womb remaining inactive, would not have been present; that is, the periodical action of the womb is capable of causing phenomena which otherwise would not have been caused.

A similar power may be exerted by the womb in connexion with other organs of the body, and it may be possible by deciphering the points, through which the womb works out its action in connexion with these organs, to discover some special distinctive marks—*diagnostics*—by which the existence of ovarian disease may be detected; and, being detected, may be met by remedial means before it is too far gone, as it too frequently is from the want of these diagnostics.

It may be well to add some illustrations, as such illustrations may present the marks of the ovarian disease gradually progressing; for it should ever be remembered that almost every disease proceeds by slow and fixed changes to its development into active and positive manifestation.

CASE 1. *Sympathy between the Head and the Womb.*—A. H. (154, H. book), single, of short stature, dark-complexioned, is subject to intense headaches. She states that, when the headache comes on, a white discharge appears, so that the state of the womb which causes the white discharge to be developed causes coincidently a headache—a special headache associated with the womb. This presents a peculiar sympathy.

CASE 2. *Sympathy between the Hair and the Womb.*—This patient was, when she consulted me, perfectly bare of hair on her head and eyebrows. Her mother writes the following:—“I have just received a letter from my daughter, E. H., who was married, and who, with her husband and sister, emigrated to Australia about fifteen months since. She attended you some time respecting a total loss of hair. As you took an interest in her case, she requests me to inform you that, shortly after her departure from England, she became pregnant; that her hair commenced growing from that time, and that her eye-lashes and brows are now quite long. On her head the hair is growing mostly in patches as it came off, and in some places it is nearly two inches long. She was delivered of a fine male child on the 25th June last, which child has also plenty of hair.—*P.S.* The number of her prescription is 854, year 1856.”

It is interesting to note that, as the homœopathic treatment of this patient's disease improved her constitution, she became pregnant, and the more healthy action of the womb developed a healthy action in the hair tissue, and restored the hair.

CASE 3. *Sympathy between the Womb and the Hair.*—Mrs S., p. 92. She has never been periodically regular. Her belly swells; she had a slight appearance of the monthly period at fourteen, when she was at school. Eight or nine months since she bled profusely at the nose. She has large blue mottled marks on the leg; her face is blue; she has lost her hair. The blueness of face appeared before the hair came off her head; she had, before this, a most abundant head of hair, and also a beautiful complexion.

She has whiskers and moustaches, and her breasts are covered with hair, more than is presented by a very hairy man. The coincidence between the absence of hair on the head, and the presence of hair in the form of whiskers and on the chest, is interesting, and is a proof that the condition of the womb was the cause of these opposite conditions. The inequality of the circulation may have caused the production of the hair on the parts at which it does not generally occur except at a later age, when the period approaches its cessation. Indeed, modifications of the hair, also whiskers and moustaches, often indicate, in a female, an imperfect action of the womb.

That some ground exists for this theory is exhibited in the facts of an Essay published in the "Transactions of the Royal Society," by Mr Yarrell:—

"*On the Change in the Plumage of some Hen Pheasants.* By WILLIAM YARRELL, Esq., F.L.S. From the 'Philosophical Transactions.' With Notes by Dr EPPS.

"The latter part of the last shooting season has been unusually productive of those *hen* pheasants which assume, more or less, the appearance of the *male*.

"Chance, rather than design, having supplied me with many opportunities of observation both on pheasants and the common domestic fowl, I am induced to notice the *internal* peculiarities that have been observed *invariably* to accompany this change of feather, and such other circumstances as appear connected with the subject.'

"A paper on this subject, by Mr John Hunter, published in the 70th volume of the 'Philosophical Transactions,' and afterwards reprinted in his 'Animal Economy,' details the appearance of several *female* birds having the feathers of the *male*, in which account he is led to observe, 'that this change of character takes place at an *advanced age* of the animal's life, and does not grow up with it from the beginning.'

"In the third volume of the 'Memoirs of the Wernerian Society,' Mr John Butter devotes a paper to a consideration of the change which takes place in certain hen birds at an *advanced period* of their lives, and concludes 'that all hen pheasants as well as common fowls would assume the plumage of the cock to a certain degree, if they were kept to a certain age.'

"Mr Yarrell demurs to the idea. He states:—

"That age is absolutely necessary to produce this change, I shall be able to show, and that certain constitutional circumstances producing this change may and do occur at any period during the life of the fowl, and that they can be produced by artificial means.

"Besides various opportunities during former seasons, I had the advantage, in the months of December and January last, of examining seven hen pheasants, in *plumage more or less resembling the male*, in all of which the *SEXUAL organs were diseased*,

but with some variation as to extent, and the *progress of change* observable in the plumage bore a *corresponding analogy*.'

"The changes, constituting the disease, are thus defined by Mr Yarrell:—

"'First, the ovarium was contracted in size; second, it was of a purple colour, and, third, it was hard to the touch; fourth, the spherical shape of the ova was destroyed in some; the oviduct also was diseased throughout its whole length; and, sixth, the canal was obliterated at the upper part immediately preceding the funnel-shaped enlargement at the bottom of the ovarium.'

"The parts were all preserved, and deposited in the Museum of the Zoological Society.

"'Desirous of possessing a specimen of the organs from a healthy female to contrast with the preparations of such as were in a diseased state, a hen pheasant in the *natural plumage* was opened for examination; but, in this instance, disease prevailed throughout the *whole of the ovarium*, though it had *not* affected the *oviduct*; proving, that this disease exists in the sexual organs previous to the change in the feather; and this corresponds with the recorded observations of others, where hen pheasants in confinement, and females of the common fowl in the poultry yard, had been known to have ceased producing eggs two years before any change was observed in their plumage.

"The importance of this fact, of the existence of disease of the ovaries, without any apparent external indication, is remarkably interesting; and what is still more interesting is, that the oviduct not being diseased, there was no change in the feathers.

"'That the obliteration of the true character of the female organs by disease, and the consequent alteration of feather, takes place at various periods, are inferred from the following circumstances:—Among the large broods of young pheasants, frequently from fifty to one hundred birds in number, which some gamekeepers are exceedingly successful in rearing by hand, produced from eggs laid by birds in confinement, nests deserted from various causes, or eggs exposed by mowing, it is by no means unusual in the months of August and September, when the young birds put forth the first plumage indicative of the sex, that *one or two females* are observed to produce the *brighter coloured* feathers of the male.

"That is, the circumstances are those under which the conditions of health are not likely to be present.

"These birds are then about four months old only. In two instances, among the hen pheasants before mentioned, as shot in a wild state, some of the first plumage, usually called nest feathers, had not been shed; evidence sufficient to prove that they also were both birds of the year.

"A partridge sent me by a friend in December last on account of its having a white bar across the breast, and the first three primaries of each wing also white, was opened in the presence of two persons, and found to be under the influence of the same sort of disease apparent in the organs of a hen pheasant examined at the same time by way of comparison. This partridge was one of a covey bred during the summer of 1826, several of the young birds of which exhibited some white feathers. This circumstance was often noticed by the keeper, but only one bird was procured. The clay-coloured legs, as well as the plumage, in this specimen, were additional evidence that this partridge also was a bird of the year.

"A few of the feathers on the breast bore the chestnut colour peculiar to the male of this species.

"It may be objected to this example, that the colour or the altered feather was not entirely that of the male; but I have quoted this instance in order to show that it was a young bird; that the *female organs were destroyed by disease*; and that a change in the colour of the plumage had taken place.

"The assumption of plumage decidedly resembling that of the male, must not however be confounded with accidental varieties. All variations of feathers are not caused by an alteration of the sexual organs. I have examined several birds of various species in which those parts were perfectly healthy; but such birds are generally smaller than the natural size of the species to which they belong; and the variety of plumage in them probably originates in an imperfect secretion arising from weakness.

"That this disease arises at later periods during the life of the bird, but still long previous to a natural cessation of the powers of reproduction as a female, seems almost certain from the circumstance, that, in some of the preparations of the parts of the hen pheasants examined, the distinct *globular* forms of

numerous ova are still apparent, but altered in *colour*; from which it would appear probable, that had not this disease occurred, these embryos would in due season have been matured and deposited.

“‘Having shown that a *particular change of feather* follows the *destruction of the SEXUAL organs by disease*, I shall proceed to describe the effects produced upon both sexes of the common fowl, when obliteration of the same parts is effected by artificial means, that is to say, by an operation.

“‘The breeder of poultry, who practises the art of making capons, is apprised by the attempts of the young male bird to crow, that a sufficient enlargement of the testes has taken place to enable him to perform the operation of extraction with ease and certainty; but this act completed, *the bird never crows after.*’

“‘A fact full of important bearings; the effects that follow have an equal interest:—

“‘The comb and gills do not attain a size equal to those of other males not subjected to this operation; the spurs appear, but remain short and blunt; and the long narrow feathers of the neck and the lower part of the back, so characteristic in the true male, put on an appearance in this bird, intermediate between the hackled appearance in the cock, and the ordinary web of the hen.

“‘The operation performed on the *female* of the common fowl is much more simple than might be expected. It consists in making a small incision through the thin skin of the flank on the left side; the *oviduct*, which lies immediately within, is thus easily brought into view; and it is then only necessary to *cut away a small portion* of it, that the continuity of the canal may be destroyed.’

“‘Mark the effects:—

“‘First, the ova do not afterwards enlarge, and the connexion between the sexual organs and those of the voice are not less remarkable in the female than that before observed to exist in the male. Second, she makes an imperfect attempt to imitate the crow of the cock. Third, there is an increase in the size of the comb; and, fourth, a spur or spurs shoot out, but remain short and blunt. The plumage undergoes an alteration, which is called by the breeders getting foul-feathered, becoming hackled in form, and altered in colour. But a more singular

point is, the *peculiar shape of the lower part of the back* in these birds, from the want of that enlargement of the bones, observed in all true females, by which they obtain a breadth of pelvis sufficient to allow a safe passage to the perfect egg—an object the more particularly necessary, when it is recollected that a slight fracture of its brittle shell is sufficient to prevent the development of the chick.'

"May it not be inferred from this, that the celibatic life must be injurious, in impeding the development of the bony system of the back ?

"As the object in performing this operation upon fowls is to gain an increase in size, still preserving the delicate texture of the flesh, these birds, when ten or twelve months old, are sent off to the London markets, and farther observation is thus prevented ; but so great is the similarity at this age between some examples of this description that it is frequently difficult to determine the sex by such external characters as remain. Thus, males and females, becoming, as it were, *neuter in gender by the deprivation of the sexual organs*, put on a corresponding appearance, and both assume characters decidedly intermediate between the true sexes.

"The influence exercised by the sexual organs upon the colour of the feathers, as well as the voice, is not confined to this effect alone. The summer plumage of some birds, and the brighter tints of others, called by French authors *plumage des noces*, do not make their appearance till the sexual organs begin to dilate under the genial influence of spring.

"The various songsters pour forth their constant and most melodious strains only during the season of producing and rearing their young ; and some birds, as the cuckoo, quail, etc., appear capable of exercising their voice but for a limited time, confined to the same period of the year. With the decline of summer the sexual organs again contract, the voice subsides, and the plumage, losing its brilliancy, assumes, by degrees, more valuable shades of gray and white for defence during the rigour of winter.

"Returning again to the subject of hen pheasants, that are said to exhibit the feathers of the cock, it may be stated generally that at best it is but an *approximation* to the *plumage* of the MALE.

"It is probable that they do not live many years after the commencement of the change, since so few are found to arrive

at any great degree of splendour. Of the many I have had opportunities of examining, none possessed either the full-sized broad scarlet patch round the eye, the fine blue zone at the end of the red feathers of the breast, or much of the bright straw-coloured mark on the scapulars and wing-coverts, one specimen alone excepted; nor have I seen a female pheasant with spurs; and a bird belonging to Mr Leadbeater, which is by many degrees the finest I have ever seen, is also without any.

“From these detailed observations it will probably be granted that age is not necessary, but that this disease, with its consequences, may arise at any period during life; and that the changes in the external character depending on the destruction of the sexual organs, may be effected by artificial means.

“From several examples in different classes and orders, I am induced to believe it will be found a law of nature, that in all animals bearing external characters indicative of the sex, besides the sexual organs, those characters will undergo a change, and exhibit an appearance intermediate between the perfect male and female, whenever the animal happens to be deprived of the influence of the true sexual organs, whether from original malformation, subsequent disease, or artificial obliteration.

“February 1827.”

“In the drawings given in the ‘Philosophical Transactions,’ illustrative of Mr Yarrell’s views, Plate 1 shows the ovarium with its ova and the oviduct in its natural shape. In Plate No. 2 the ovarium is diseased, showing the transparent ova discoloured, and the spherical form of the ova destroyed, the oviduct exhibiting the same disease and discoloration throughout the whole length.”

Note.—Mr Yarrell was one of the moving spirits in founding the Zoological Society. His business was that of a newsvender in St James’s. He was single, and so was his sister. He virtually married science. He was continually dissecting. Often did I feel roused to greater diligence by seeing his industry and his devotion. His money and his time were devoted to the spread of zoology. His labours were immense. He often reminded me of Paul, whose hands, by tent-making, ministered to his own necessities, and to the necessities of those who depended upon him.

CASE 4. *Sympathy between the Eye and the Womb. Blindness induced by cutting the Iris.*—Mrs L. This patient states—when her womb is uncomfortable, her sight is worse; she is

almost blind. She had violent inflammation of the eye; the iris was cut by a surgeon, the pain was relieved, but she became blind. The sight was thus affected from a sudden cessation of the monthly period. This case shows the evil of the palliative system;—the pain of the distended eye was relieved by the cutting, but blindness came. Which was better? the pain or the blindness? The patient will answer.

CASE 5. *Sympathy between the Sight and the Womb.*—A. C. (p. 247, 1861) has an affection of the sight. She sees rainbows and various forms before the eyes. *The eyes are worse after the period is over.* The sight is duller both *before* the period comes on and *after* the period is over.

In this case it would seem that the relief was given to the nerve of sight by the unloading connected with the existence of the monthly period, the condition being, a worse state of health *before* the discharge comes on and *after* the discharge ceases; while the periodical discharge is on, the vision is better.

It is interesting to notice the *benefits* derivable from the homœopathic treatment of these cutaneous diseases affecting the nose; these always are distressing, in fact, embitter existence, and often deprive the sufferer of employment. How the ignorance of the routine practice shows itself in connexion with such affections! those affections, dependent in many cases on a diseased state of the womb, are treated as a mere local affection of the nose, and thus the disease is aggravated—in fact, is often converted into a malignant affection.

CASE 6. *Sympathy between the Womb and the Mouth.*—E. G. (p. 454, 1859). She states, April 22, that the roof of her mouth is better (it is sore and diseased) when her monthly period comes on.

CASE 7. *Sympathy between the Throat and the Womb.*—Lady — had been under my care for an affection of the throat not giving way to the means used. I expressed a fear that there was, as its basis, a disease of the womb, and a proposed examination was postponed till her return to town.

When away from London she was attacked with inflammation of the womb: her womb was then examined, and was found ulcerated.

Subsequently cancer of the womb manifested itself. Dr L. and others were consulted, and Dr L. declared the lady could not live six weeks.

Her husband agreed with her that she should return under homœopathic treatment; she came again under my care, and lived eighteen months.

The throat disease was excited by the disease of the womb—a fact of the highest importance, as indicating the necessity, in obstinate diseases of the throat, of examining the womb.

CASE 8. *Sympathy between the Voice and the Womb.*—Lydia D. (1557, 1855), aged 19, loses her voice during the monthly period. This has happened for some time; she has a pain at the left side of the belly. She has had, at Oxford, ineffective medical treatment.

On examining the womb, *the vagina is open*, and the neck of the womb down.

The connexion between the voice and the genital organs in both the male and the female is well known; and it is not unlikely that the condition of the womb, here detailed, explains in part the loss of the voice during the monthly period.

The voice “breaks” at puberty, why should not the voice become lost at the time of the monthly period? that is, if the womb is affected with any disease. Parents who understand the influence of the development of puberty on the voice, are particularly careful to avoid straining the voice at that time.

CASE 9. *Sympathy between the Lungs and the Womb.*—Alice M. (page 638, 1861) states (Feb. 19, 1864) that she spits blood every morning for the first three mornings after the period arrives; she has had the period on for these three days, and it came after having ceased a week. She has a very soft skin, and a peculiar smoothness of the fingers. The peculiarity of constitution which causes this, causes, I think, the liability to this spitting of blood: and what is so curious, is that the spitting of blood takes place the *first three days of the periodical discharge*.

CASE 10. *Sympathy between the Spine and the Womb.*—Mrs L. called upon me on July 23, 1857, and informed me that she had heard from a patient of mine, Mrs G., who is living, in a state of health, in the North. This lady consulted me for a supposed spinal affection; she had been cupped, leeches, blistered; and the surgeon, finding no benefit to result, wanted to put a seton in her back.

I found that the womb was diseased; this was cured, and all her back pains ceased. The lady saw me subsequently; she was cured and grateful.

CASE 11. *Sympathy between the Hands and the Womb.*—Mrs L. (page 158) consulted me, Feb. 25, 1864, for disease of the stomach; in giving the history of her case she mentioned that she had had no child for nine years, after having had two children before that time. She is now only 37 years of age.

On inquiry, she stated that she had damp hands and damp feet.

It being a fact that *women having damp hands and damp feet* have very often the *monthly discharge* while they are suckling, I inquired whether it had been so in her case; her reply was affirmative. This fact is the more interesting, because she has had very little monthly period ever since, the discharge not lasting more than a day.

CASE 12. *Sympathy between the Ovary, the Thigh, the Foot, and the Womb.*—Eliza R. (page 545, 1848). This patient has a bearing-down of the womb and great tenderness at the left side of the belly. Though apparently above the region of the ovary, she has a pain which extends down to the *left foot*, which foot becomes *swollen* at the time of the *period*, at which time also the face pains her. July 9, 1854.

The left foot swelling at the time of the period is interesting; and in ovarian disease the swelling of the thigh and of the leg, on the same side at which the ovarian disease exists, is not an unusual symptom: the swelling is frequently the indication which leads to the discovery of the ovarian disease.

Little doubt exists that some circumstances at the time of this patient's last confinement modified her ovary and caused the condition described, the result being as stated.

These facts and these views, of sufficient interest in themselves, will further serve to impress the conviction of the influence which the womb exercises in connexion, more or less, with every organ of the body; and will prepare the mind for the recognition of the more marked manifestations of sympathy between the breasts and the ovaries, the organs more especially allied.

CHAPTER VII.

THE SYMPATHIES BETWEEN THE BREASTS AND THE OVARIES.

HAVING noticed in the preceding chapter the sympathies existing between the womb and individual organs of the body, it may be useful to notice sympathies more special, namely, those between the breasts and the ovaries; thus the mind will be led to recognise the special symptom by which the existence of ovarian disease may be positively known.

In young girls the ovaries are small and light; in girlhood the breasts are not developed.

Towards puberty, the ovaries increase rapidly in size and weight; and so, at the same period, the breasts develop themselves and enlarge.

A second evidence, though a negative one, of this sympathy is that, if, from any cause, the ovaries do not develop themselves, the breasts do not enlarge.

A third evidence, though negative, is that, if the ovaries are absent, the monthly discharge does not occur.

A fourth evidence of this sympathy is, that, though the monthly discharge has occurred, the ovaries being present, yet it ceases when the ovaries have been removed or destroyed.

A fifth evidence of sympathy is, that, if the ovaries are removed, the breasts waste.

A sixth evidence is, that, at the critical age—*i.e.*, at the time of the cessation of the monthly discharge—the ovaries, together with the ovules, disappear; the breasts at the same time begin to lessen.

A seventh evidence of the sympathy in connexion with the conditions of the breasts and the ovaries is, that each monthly period is characterized by an *increased flow of blood* towards the ovaries, this increase being perceptible particularly round the

ovum that has reached the highest degree of maturity; the ovary then reddens. So, at the approach of *each monthly period*, the breasts enlarge, and sometimes, in women of an irritable habit, are painful.

This swelling and this pain, if present, subside in two or three days; that is, when the womb has relieved itself by establishing the discharge.

These facts give an eighth evidence of sympathy.

(*Practical Remark.*—If the breasts are painful at the monthly period, it is certain that the ovaries cannot be in a perfectly healthy state; and as ovaries, unhealthy in early life, are, when the *relieving* and *unloading* process, *i.e.*, the *monthly discharge*, ultimately ceases, likely to have the diseased state actively developed in them, this painful state of the breasts at the occurrence of the monthly discharge in early life ought always to be attended to.)

Let every woman have deeply impressed on her mind, that her breasts should never pain her at the time of the monthly period, and also that her medical adviser is bound to recognise this as a fact, and not to treat it as a thing that must be let alone.

An evidence of the sympathy between the womb and the breasts is found in the following:—

On the neck of the womb and on the lips of the womb there are elevations, papillæ corresponding to those to be seen on the areola of the breast.

It is a logical inference, that a similarity of structure in parts having a special relation will cause a sympathy, or, at least, will render a sympathy probable, if the parts have a functional correspondence.

The fact may be added, that the removal of the ovaries creates an impossibility on the part of the woman to produce offspring, or to become pregnant.

Hence it may be inferred that, if in health these facts and phenomena, illustrative of the sympathies between the breasts and the ovaries occur, indications will present themselves, when diseased conditions exist in the ovaries, of the said diseased conditions in connexion with the breasts.

Let it be remembered, that if the ovaries cannot be seen, the breasts can.

A few illustrations of the sympathies under consideration may be given :—

CASE 1. *Sympathy between the Breasts and the Ovary.*—S. G. (1849, 1856) consulted me July 21, 1856. She had been ill for years, and medical treatment had done her no good. She complained of an affection of her hip, which showed nothing abnormal; and above the pelvis a swelling and a great tenderness existed, these extending down near to the groin (in the region of the ovary). She states that she has felt pain in the left breast, but *not* in the right. She, further, has pain in the *left thigh*.

The pain in the left breast shows the sympathy between the breast and the ovary; and the pain in the left thigh shows the connexion between the ovary and the nerves, and the vascular tissue of the thigh.

CASE 2. *Sympathy between the Right Side of the Belly (Ovary) and the Breast.*—M. L., aged 43, has pain at the right side of belly just above the groin, and she has milk come into the right breast. She is a widow, and has been for some years.

Here the sympathy shows itself by the formation of milk in the right breast, *i. e.*, in the breast corresponding to the ovary that is diseased.

This formation of milk has been noticed not unfrequently in connexion with a diseased action existing in the ovary. It is not unlikely that the state of widowhood caused, as will be shown in a subsequent chapter, the development of this ovarian disease.

CASE 3. *Sympathy between the Right Ovary and the Right Breast.*—E. B. (101, 1857), aged 48, married at 18 years of age, and even now (1857) a beautiful woman, fair clear skin, fine blue eyes; in fact, possessing the features which so often attend the scrofulous condition.

At her nineteenth year she had a child, but was separated from her husband soon after, and has since remained as a single woman. The altered physical conditions of her present life, combined, perhaps, with causes which led to the necessity of separation from her husband, might have been attended with the existence of other diseased conditions.

About eighteen months after separation from her husband, a *shooting* pain began at the lower part of the belly, at the *right* side, attended with much pain at the monthly times. The pain, as thus described, would indicate ovarian disease. The disease was beginning.

These states continued till 1851, when a tumour made its appearance, just above the place where the former pain was. This tumour was attended with inflammation.

As evidence of the progress of the womb-malady, the monthly period became irregular, with long intervals.

She had also much internal irritation, for which, unfortunately, she used *sulphate of zinc* as a lotion. How many a womb disease is rendered malignant by the ignorant employment of these lotions! for *all lotions not homœopathic to the disease*, yet causing the irritation to cease, will, if effective in removing the irritation, become so only by causing the disease to be transferred, and often they cause the disease, thus created by transfer, to be malignant; for it is a fact admitting of demonstration, that a disease created by transfer may become malignant; that is, the disease *entering upon a new tissue*, an action is exerted, with an addendum of malignancy, which malignancy would, it is likely, never have occurred if the diseased state had remained in the tissue first affected.

To return. Besides the symptoms recorded, the patient had urine with red sediment, and with occasionally a white cloudy substance.

Her period stopped in 1854.

Her state, when she consulted me, was one of general debility, internal irritation, tenderness in the tumour, with hardness in the right breast.

The succession of diseased phenomena is interesting, as teaching how disease marches on, developing successively the individual symptoms.

1st, Too early marriage.

2d, Change from the married to the single life.

3d, Ill treatment by her husband.

4th, Shooting pain at right side of abdomen, at the time of the period.

5th, A tumour at the right side.

6th, Irregularity at monthly periods.

7th, Internal irritation.

8th, Hardness in right breast.

Herein is seen the right breast establishing its sympathy with the right ovary; and the right ovary indicating, by the pain in its neighbourhood, the developing of its disease.

The patient died ultimately of cancer of the womb.

CASE 4. *Sympathy between the Breast and the Ovary.*—C. M. (p. 855, 1857). She has been married nine years, but has never been pregnant, unless once, when she imagines she had a false conception; this, if it did happen, took place two years since. Her husband is nine years older than herself.

She has a pain at the left breast, extending to the bottom of the belly. She has a lump at the region of the left ovary. She feels at the time of the monthly discharge as if something broke at the region of the ovary, and she is relieved by this *breaking*.

She has also cold shivers at the *back of the head* when the monthly period stops.

These symptoms are of great interest. The feeling of breaking at the region of the ovary, and the relief thereby obtained, are explained by the fact of the action in the ovary, which takes place at the time of the monthly discharge; and there is little doubt that the ovum has some action induced in it at the monthly period, which causes an unloading of the parts.

This *breaking* feeling, attended with relief, partially illustrates and supports the view held by many that, at the menstrual period, an ovum is discharged, which, being in a state of disease, causes the sensation of breaking.

There appears, also, an explanation of the *cold shivers at the back of the head* when the monthly discharge stops, in the connexion of the cerebellum with the womb and its functions, such connexion causing a modification of the state of the nervous system.

CASE 5. *Sympathy between Left Ovary and Left Breast.*—F. R. She has great tenderness in the region of the left ovary, and pain and swelling in the left breast.

CASE 6. *Sympathy between the Breast and the Ovary.*—Mrs P. (p. 65) consulted me for a tumour in her left breast. It is of

a pointed shape, presenting many elevations, embedded in the breast.

She has a *discharge* from the *left nipple*.

An operating surgeon advised her to have this tumour cut out.

His advice was in part, perhaps, the consequence of ignorance, in part, perhaps, the love of the knife; for the breast tumour was not a *primary* affection, but a *secondary*, being dependent on disease of the ovary. He might have been misled, because she did not complain of the belly being swollen or tender.

She stated that she felt a pain at the left side of the belly if she walked fast at any time (a common symptom in inflammation of the ovary), and subsequently she added that the left breast discharged blood *at the time* of the monthly period; thus establishing a special connexion between the breast and the ovary.

This bleeding has happened for some months.

The case has some difficulty, because the patient has had discharge from the nipple seven or eight years. She, further, has a husband *fifteen years older than herself*. The discharge from the nipple shows that the tissues of the breast must be much changed, causing a great difficulty in the way of restoration; and the disparity of age creates a condition in reference to the ovaries not at all favourable to healthy action.

Here appears an important point, to be fully entered upon in the next chapter, the means afforded by the nipple of detecting disease, *i.e.*, as diagnostic in reference to diseased ovary.

CASE 7. *Sympathy between the Breasts and the Nipple, and the Genital System.*—As the nose is the beginning of the respiratory system, so the nipples are, in one point of view, the beginning of the genital system, or the external indicators of the state of the uterine apparatus.

As bleeding from the nose indicates lung disease, so bleeding from the nipples indicates womb disease.

From the therapeutic action of medicines, it appears that those which act decidedly on the womb will act on the nipples. It is found that *sepia* and *sulphur*, both of which have a decided action on the womb, have the power of producing, and consequently of curing, bleeding from the nipples.

This statement of sympathies between the breasts and the womb may be followed by the subjoined case :—

CASE 8. I was consulted in July 14, 1852, in the case of Mrs R. She had had a child a month before.

She has had a bearing-down of the womb ever since she had her first child. She has now the bearing-down with constant discharge, of the colour of brick-dust. Her appetite is ravenous; she eats nearly a pound of rump steak, besides potatoes and cabbage, or peas or boiled lettuces, with melted butter; and after all this food she feels a craving for something more.

After taking the food she vomits it.

She has very large alvine evacuations: the smell is putrid.

She is extremely nervous; has no strength in her extremities from the hip downwards. She cannot stand. She cannot get up, from pains in her limbs and loins. The pain in her limbs is very severe after eating.

Every time she puts the child to the breast, blood, quite pure, comes from the womb.

Her case was so severe, that her medical attendant sought Dr L.'s superior skill. Dr L. ordered a bandage, etc.; but the patient not improving, she sought my aid.

She had lain on her back for one month, never raising her head from the pillow except to vomit. She was obliged to have her feet raised very high with pillows. Her arms also had to be supported on pillows.

I ordered her *china* and *secale* in alternation at six hours' intervals. The *china* for the excessive loss of blood, the discharge, and the ravenous appetite; *secale* for the state of the womb causing this discharge. These medicines were to be followed by *rhus* and *lycopodium*, and when the *bearing-down* was very troublesome, she was ordered to take a globule of *sepia*, divided into very small doses.

In one week from beginning the homœopathic treatment she was able to walk round the room by holding the furniture.

She quite recovered. The case was very severe: it illustrates strikingly the sympathy between the womb and the breasts. Each time the patient put the child to the breast, pure blood flowed from the womb.

CASE 9. *Sympathy between the Breast and the Ovary.*—J. C. (p. 386, 1853). She has an ovarian tumour at the right side. She has felt pain in her breast as long as she has felt pain in her belly ; a fact showing the sympathy between the ovary and the breasts.

CASE 10. *Sympathy between the Left Breast and the Ovary.*—A. S. (1252, 1857) has an ovarian tumour on the right side of her belly. On asking her the state of the right breast, she said it had been cut off by Mr F., because at the cessation of her monthly period rather suddenly about five years since, the breast enlarged very much, and bled ; and Mr F. had informed her that nothing but cutting the breast off would save her life.

This state of the breast, it is likely, was the effect of the ovarian disease, and the proper treatment of the ovarian disease would have cured the breast.

The patient is sixty, she is single ; and now, having received homœopathic treatment, enjoys existence.

CASE 11. *Sympathy between the Breast and the Ovary.*—M. H. (p. 588, 1864), aged 29, married, consulted me. She has four children. She complains of pain at her left side, a soreness at the breast, under the left shoulder, and at the top of the left shoulder after any extra exercise.

The pain at the top of the left shoulder is *burning*.

On examining the breasts, the left breast was found to be much larger than the right, and the nipple of the left breast is still larger. The left breast shows the white marks on the areola more than over the right breast ; indeed, the right breast has the appearance of the breast of an unmarried woman.

Both breasts, when she suckled, afforded milk. Her period was never stopped. Three days after the birth of her second child something came from her, and ever since she has not felt well at the side.

Twelve months since, about three months after the stoppage of the period, which occurred at that time, something passed from her womb.

When the last substance came from her the left breast was hard, red, and swollen.

Little doubt can exist that this patient had ovarian disease, and there might have been suppuration.

CASE 12. *Sympathy between Diseased Breast and Womb.*—Mrs K. (p. 6, K book) has a tumour, a scirrhus, in the breast. Dr M. told her it was cancer. She states that she has found the tumour gets smaller *every time she becomes pregnant*. She miscarried three times in three years.

It would appear from this, that the natural action of pregnancy tended to restore an active and healthy condition to the ovum, and this natural action, thus induced, suspended the diseased action which had caused the tumour to grow.

Many are the diseases in which, the womb being called into a natural action by pregnancy, benefit results.

The sympathy between the breasts and the ovaries is illustrated negatively in the fact that the breasts, which almost always swell in pregnancy, sometimes do *not* swell in that state. It is curious to note the condition under which this is observed.

Gardien, *Traité des Accouchemens*, tome i. p. 490, and Mahon, *Médecine Légale*, tome i. p. 151, agree in stating, that the swelling of the breasts is not observable in women who menstruate in the early months of pregnancy.

This apparent absence of sympathy between the womb and the breasts is really a proof of the sympathy.

The explanation is, that the action of the womb, in producing the monthly discharge, has not yet ceased, and therefore the breasts are not allowed to indicate the occurrence of the new action, that of developing the foetus in the womb.

The sympathy subsisting between the breasts and the womb is indicated by the fact, that, in many women, pure blood flows from the womb each time the child is put to the breast in suckling, as recorded in Case 8.

CASE 13. *Other Indications of the Breasts affirmative of the State of the Ovary.*—Mrs B. consulted me January 29, 1856.

She has pain in the region of the ovary, the pain is felt deep in the pelvis.

She has noticed, in suckling, that the milk runs away from the *right* breast, and this happens though the right breast seems

not to have as much milk in it as that which is present in the left breast.

The milk never runs away from the left breast, though the interval at which she suckles with that breast is longer than the period she waits in suckling with her right breast.

So it appears that the affection of the right ovary lessens the retentive power of the right breast.

One leg has *numbness* in it, a condition often present in ovarian disease, and the leg which manifests the numbness is generally the leg of the side in which the ovary is diseased.

Indications somewhat similar are presented in the following case:—

CASE 14. M. A. T. (p. 1477, 1855) has milk secreted in both breasts. She has not had a child for several years. The right breast gives most milk; and this patient, like the preceding, has an enlargement in the region of the ovary. She has her period at the end of every three weeks.

CASE 15. M. L. (607), a widow, aged 35, has milk in her breast. She had the milk for eight years or more in the right breast, which milk she can squeeze out at almost any time. She has an enlargement at the right side of the belly at the ovary, which is enlarged.

She has no milk in the left breast, so that the breast of the side affected alone gives milk.

CHAPTER VIII.

SYMPATHIES BETWEEN THE NIPPLES AND THE OVARIES. THE
INDENTED NIPPLE THE DIAGNOSTIC MARK OF OVARIAN
DISEASE.

MONTGOMERY adopts Roederer's as the most accurate description of the appearances produced in the breasts by the state of pregnancy, or rather by the state induced in the womb through the suppression of the monthly discharge when caused by pregnancy. It is this:—

“A swelling of the *mammæ* follows the suppression of the menses; the breasts increase around, become filled, sometimes give pain, grow hard; their veins are rendered conspicuous by their blue colour; the papilla (nipple) thickens, appears inflated, its colour becomes darker, and the surrounding areola is distinguished by the same colour, which is expanded into a greater breadth and is covered with little eminences, as it were so many small nipples.”—*Elem. Art. Obstet.*, pp. 46, 47.

Those phenomena indicate the existence of pregnancy—indicate a change in the condition of the womb, a new action having occurred there. They prove that a change of action in the womb is attended with a change of the phenomena in connexion with the breasts and the nipples.

Even the new action, induced simply by the entrance into married life, pregnancy not having as yet resulted, will produce some of these phenomena recorded by Roederer. Thus the breasts may enlarge after marriage from a general fatness often subsequent to marriage; and sometimes these phenomena are caused (pregnancy being, as stated, not yet present) by *accidental* suppression of the monthly discharge, or from other conditions.

If such modifications are produced from these new circumstances alone, though as yet the pregnant state is not present, how much more will the conditions of the breasts and of the nipples show

the existence of a new action in the development of the ovum into a foetus, *i.e.*, the pregnant state.

This state is a healthy one. Being a new action, it will be indicated by changes in the breast and the nipple.

A new action requires a new manifestation in the organs sympathizing with the parts in which the new action takes place.

If a new action demands new indications, even when the action is that of *health*, it is certain that if this action be a diseased one it will have its indications, and these indications will consist of phenomena presenting deviations from the standard condition.

The object of this chapter will be to show that the new action, created when disease affects the ovary, will have its indications in connexion with the breast, but more particularly with the nipple.

The nipple is, according to my view, the special indication of disease in the ovary.

The facts hereafter to be quoted will prove or render strongly probable that the special indication, derivable from the nipple, is, that from ovarian disease the nipple is drawn in, and what is still more specific, is so drawn in the breast on that side in which the ovary is affected by disease.

The steps in demonstration of this proposition follow :—

CASE 1. *Swelling of the Breast corresponding to the Diseased Ovary.*

To take the simplest illustration first :—

K. L. (622, 1859) has an enlargement (ovarian) at the right side of the belly, and the right breast swells and is painful. Swelling seems to be the earliest indication of the development of ovarian disease, and when present should always attract the attention of the physician.

CASE 2. *Ovarian Tumour with Nipple affected.*—Mrs K. (page 71, old book) has ovarian disease; the nipple is affected.

Her husband is thirteen years older than herself—a disparity which, in respect to physical union, is a serious evil, and a frequent cause of ovarian disease.

CASE 3. *Disease of the Right Ovary, and the Right Nipple in.*—Mrs D. has the nipple of the right breast drawn in, and she

has a swelling and a tenderness in the region of the right ovary. November 1859.

CASE 4. *Left Ovary and Left Nipple in.*—S. I. (651, 1861), January 12. This patient has the nipple of the left breast drawn in; the right breast nipple is natural. She states, that, when she turns and lies on the left side, a lump is felt on the left side of the belly; the lump, which is yet small, is painful to the touch. Her period has been but twice in fourteen months.

She has *much wind escaping from the womb*; the belly swells towards evening.

This symptom of wind escaping from the womb is not an uncommon attendant on ovarian disease.

CASE 5. *Left Ovary diseased, and Left Nipple in.*—E. G. (454, 1859). On examining this patient, an enlargement of the left ovary was found, and the belly was much swollen in the region of the ovary. On examining the left breast, the nipple was drawn in; the right nipple was out. The patient has large *varicose veins* in the left *thigh* and *left leg*, but none in the right thigh and leg—a condition of the vascular tissue which is a frequent concomitant of ovarian disease. This correspondence between the varicose vascularity of the thigh and the leg, on the side of which the ovary is affected, is well worthy of note. It affords a diagnostic mark, not positive, but auxiliary.

CASE 6. *Ovarian Enlargement, and Breasts altered in character.*—M. B., aged 50 (625, 51). She is under treatment for ovarian enlargement at the right side of her belly. She states that, previous to the development of this enlargement (the left side has a little enlargement), she had the breasts quite flabby; they have now become full and plump. Do the increased fullness and plumpness of the breasts indicate curative action?

CASE 7. *Nipples never out.*—P. H. (799, 1847) states, that, since her marriage, her nipples have never been out. She has been married twice.

CASE 8. *Inability to Suckle.*—Mrs E. states, that she is now

able to suckle with a breast with which she has not been able to suckle *for seven years*. This patient had descent of gut, which was cured. (438.) August 31.

This inability to suckle is not an unfrequent concomitant of ovarian disease; sometimes it arises from the nipple being drawn in; sometimes it depends upon the milk-vessels not having the power of affording a supply. In fact, when a woman cannot suckle her children, I suspect that there is ovarian malady, or, at least, a probability of its occurrence, presents itself.

CASE 9. *Left Nipple drawn in, and Left Ovary diseased*.—Mrs E. T. (page 21, T book). The belly was enlarged; on looking at the left breast, the nipple was drawn in; and an ovarian tumour not discovered by Mr S., her former medical attendant, was recognised by myself, I having noted the drawing in of the left nipple.

CASE 10. *Left Nipple drawn in, and an Enlargement of the Left Ovary*.—Mrs B. (page 99, 1861) has the left nipple nearly buried in the left bosom, and she has enlargement in the belly at the left ovary.

CASE 11. *Right Nipple in, and Ovary diseased*.—E. B. (113, 1861) has had *eight* miscarriages. The nipples have never come out. The right nipple is quite buried. She has ovarian disease. Miscarriage is a frequent concomitant of ovarian disease.

CASE 12. *Left Nipple in*.—Mrs D. (p. 413, 1861), aged 40, married. She has pain in the belly and in the back. Her left nipple is buried *in her bosom*. When suckling she has very little milk; the left breast has none, she says, because she has had a gathering in it. It is more likely that she had the gathering because she had disease of the ovary of that side, and that this caused the non-secretive state of the milk-glands.

(*Practical Remark*.—Many facts have inclined me to the opinion, that, whenever women have a gathering in a breast, there is a diseased affection, greater or less, in the ovary, which causes the breast to assume a condition rendering it liable to be thus affected. This was the case with Mrs P., a patient who

died of ovarian dropsy. Indeed, almost all abnormal actions in the breast are chiefly results of ovarian disease: they point silently to the ovary.)

CASE 13. *One Nipple out, the other Nipple in.*—S. C. (p. 292, 1857), married, July 3, 1858. She has had a stoppage of the period for some time. On examining her breasts, one nipple was out and the other was buried in her bosom. I inferred that she had a swelling at the left side of her belly. On examining this side, an enlargement, as if she were pregnant, was discovered. Her husband is sixteen years older than herself; a condition, as already stated, favourable to the causing of ovarian disease.

CASE 14. *Ovaries diseased and Nipples in.*—Mrs W. (198, book W.) This patient consulted me July 12, 1858, for a perpetual sensation of *sickness*. I examined the breasts, and found the nipples in, although they came out when pressed and when touched. On examining her belly, the two ovaries were found tender and enlarged, especially the left. She had no knowledge till the pressure was so applied that she had these tender spots. She complained only of weakness, of much wind, and of the sense of sickness. Her husband is nine to ten years older than she is.

CASE 15. *Left Ovary affected, Left Nipple in.*—S. K. (p. 866, 1859). She has a bearing-down of the womb. She had a dead child six years since. Her monthly discharge, since she had this dead child, has been very little. She has had an aching pain in the region of the left ovary. Her left nipple is very frequently in. She has little knots in her left breast. These knots are very often associated with ovarian disease.

CASE 16. *Left Breast enlarged, Left Ovary enlarged.*—E. G. (192, p. 6) has the left breast larger than the right, and has pain at the region of the left ovary. She consulted for an affection of the heart, and was not aware of the existence of the ovarian tenderness.

This swelling of the breast has been already noticed as a first change dependent on or associated with ovarian disease.

CASE 17. *Left Nipple in, and Left Ovary affected.*—S. B. (p. 623, book 1857). July 23, 1868. On examining the chest for phthisical symptoms, I found this patient's left nipple buried in the breast. On examining the left side of the belly, great tenderness was felt, and, at the time of the monthly period, the patient experienced much pain at the left side of the belly.

CASE 18. *Both Nipples in, and both Ovaries affected.*—E. G. (p. 734, book 1853) consulted me September 14, 1858. *Both* her nipples are in. She, though married many years, has had no children. The belly has altered in appearance within the last year or two years, becoming enlarged at the right side, at the upper part, and at the left side, at the lower part. There is also a *spot of tenderness* below the navel at the *left* side of the belly. She has a soreness in the womb-passage.

Here both nipples are in, and both ovaries are affected. It is to be noticed that the patient has had no children—a case of *barrenness*.

CASE 19. *Nipples in, Ovarian Disease, and Diseased Womb.*—E. B. (p. 113, book 1861) consulted me July 4, 1863. She has had an affection of the back of the head for three years. These affections of the head are frequently associated with disease of the womb, the cerebellum being the organ especially connected with the womb.

She has a drawing pain in her womb, and a yellow discharge.

Her nipples are always in; her left breast is painful; she has severe pain at the left side of the belly, and there is tenderness at the region of the ovary.

She has had *eight miscarriages*, five in succession; she has had thirteen pregnancies.

In the Chapter on "Miscarriages," the reason of the occurrence of miscarriage in connexion with ovarian disease will become more clearly apparent.

CASE 20. *Left Nipple in, Diseased Ovary, Inability to Suckle.*—E. F., aged 31 (p. 482, b. 1861), married.

She has the period *while suckling*; she has, since suckling this child, pain at the left side of the belly, which also hurts her when suckling. The nipple of the left breast does not come out,

and though she has had five children she has never been able to suckle with the left breast.

CASE 21. *Nipples in, Expectoration of Blood.*—Mrs M. (p. 156). She has had *five miscarriages* within a few years. Her nipples are in. She came under treatment in April 1858, and derived much benefit.

In 1849 she returned to my care. She has at times great difficulty of breathing, and an *expectoration of blood*.

CASE 22. *Left Nipple in, Left Ovary affected.*—Mrs B. (p. 108, B book.) She miscarried about four months after marriage. As soon as she became pregnant she began to have a discharge from the nipples, especially from the left nipple, which nipple is sunken in the breast much more than is the right nipple. And further, she has, in the region of the left ovary, great pain on being touched, and there is an evident hardening at that part. On the right side of the belly there is no pain on pressure. There was miscarriage.

(*Practical Remark.*—Was the discharge from the breast indicative of the state of the ovary causing the miscarriage?)

CASE 23. *One Nipple larger than the other.*—A. S. (p. 1079, 1859 book). One nipple and the areola around are much larger than the other nipple and its areola, these seeming to depend on the relative condition of each ovary.

CASE 24. *Nipple in and Ovary diseased.*—Mrs P. (p. 150, 152) consulted me May 22, 1860. She was hurt by a fall against a barrow soon after she was married. She struck herself in the region of the left ovary, and miscarried, she thinks, soon after. She has been ever since more or less affected with pain; other symptoms developed themselves, and these decided her to seek my advice. I inferred that she had ovarian disease. I examined her breast, but, contrary to the theory propounded, her nipples were out.

I examined her belly, and found great *tenderness* at the region of the left ovary (the side at which she was injured); a swelling was there.

She then incidentally told me that, nine months before, the

nipple disappeared and remained some time invisible; and this happened more in reference to the left breast than to the right, showing the connexion between the womb disease and the accident, and showing also the relative and sympathizing action between the ovary and the nipple. There was miscarriage.

CASE 25. *Nipple in, and Cancer in Right Breast.*—Mrs C. (p. 32), aged 47, married. She consulted me in June 1863 for a *scirrhus* tumour in her breast. She stated that she consulted me ten years before for hardness in the region of the right ovary.

She did not attend to herself properly, and the affection became worse. She has now this tumour in her right breast, the nipple is drawn in, and this breast is darker than the other.

She has pain at the right side of her belly.

She has a *cracking* at times there, and this is followed by a *burning*.

Her children were healthy till the third year, when they all became delicate.

She has more pain in the *right thigh*; the right leg *swells*; the sympathy of the thigh corresponding to the side of which the ovary is diseased is a well-established fact.

She has had no pregnancy for several years; her husband is very delicate—a speciality in his condition has, no doubt, tended to affect her ovary, and not unlikely also tended to develop her disease.

CASE 26. *Nipples in and Ovaries diseased.*—M. L. (p. 618, 1859) has a pricking and a shooting in the womb at times. Examining her breasts, I found both nipples were buried, both ovaries were affected, particularly the one on the left side of the belly, which was tender on pressure. The belly, she states, *swells* at times. Her husband is younger than she, and is weakly.

Is this the cause of the ovarian disease?

She, though aged 38, has never been pregnant, and presents the condition of *barrenness*.

CASE 27. *Ovary affected, Right Nipple Greasy.*—S. H. (p. 255, book 1859) consulted me, January 1861, for an ovarian tumour.

On examining her breasts, I found both nipples out, but the nipple of the right breast was greasy. The patient stated that she had observed this greasiness of condition at *each monthly period*. She has, at the periods, some pain in the right breast, but not in the left, on the side on which is the chief enlargement.

CASE 28. *Nipples in*.—M. M. (p. 773, 1861), aged 38. She has been married sixteen years, but has had no children. The period is too frequent. She has a sharp cutting pain in the womb. Her nipples are in, and the breast has a rosy-blue puffiness round the indented nipple. She has strong *labour pains* when the monthly discharge occurs. Her belly swells, and there is a hardness. Her husband is weakly. Before her marriage she was in good health. Here, again, is the condition of *barrenness*.

CASE 29. *Right Nipple Indented, and Right Ovary affected*.—M. F. (p. 467), aged 32, consulted me October 7, 1861. She has been married ten years, but has never been pregnant. Her belly has swollen since the beginning of the summer. She looks like a pregnant woman. The swelling and the hardness show themselves at the iliac region, on the right side. The right nipple is indented. Here, again, is the condition of *barrenness*.

CASE 30. *Nipple Discharge, and Discharge at the Left Labium*.—M. I. (748, 1859), about the time of each period she has an offensive discharge at the left lip of the external genitals; and she has, at the same time, a similar discharge from the left nipple.

CASE 31. *Right Nipple in, and Right Ovary affected*.—Mrs W. (p. 491), aged 44, married, the mother of four children. She has been labouring under great mental depression, excessive prostration, and a feeling of frequent coldness as if cold water ran all over her. *Veratrum* and *baryta carbonica* afforded great relief to these symptoms. Feeling that there might be something wrong in the chest, I examined, and found that the right nipple was not out. She added that the nipple came out when she suckled, though there was always a difficulty with it, and she had *less milk* in the right breast than in the left.

On examining the belly, the region of the right ovary was much swollen, and there was hardness there; and she added that, when in bed, and she turns to the right side, she feels a pain as if something fell to that side. She has, besides, a yellow and bad-smelling discharge from the womb.

CASE 32. *Left Nipple in, Left Ovary affected*.—E. C., aged 33, married, the mother of two children, *both born dead*.

Her husband is *six years younger* than herself. She is much enlarged, like a pregnant woman.

On examining the breasts, the right nipple was found buried in the bosom; the left nipple was *out*.

On examining the belly, an enlargement, which has been gradually increasing for the last three years, was found extending over the belly, except at the left side, which is *soft*. On the right side, the side on which the nipple is drawn in, there is a hardness, and a tumour is clearly traceable. The part is tender on pressure.

CASE 33. *Nipples in, and internal Tumours*.—A. W. (p. 1300, 1864), aged 49, married, but never pregnant, consulted me for agonizing tic affecting the face.

In relating her symptoms she stated that she had three internal tumours. The first came soon after her marriage, the two others latterly. I inquired as to the nipples being in. The reply was in the affirmative. Her husband is eleven years older. This is a case of *barrenness*.

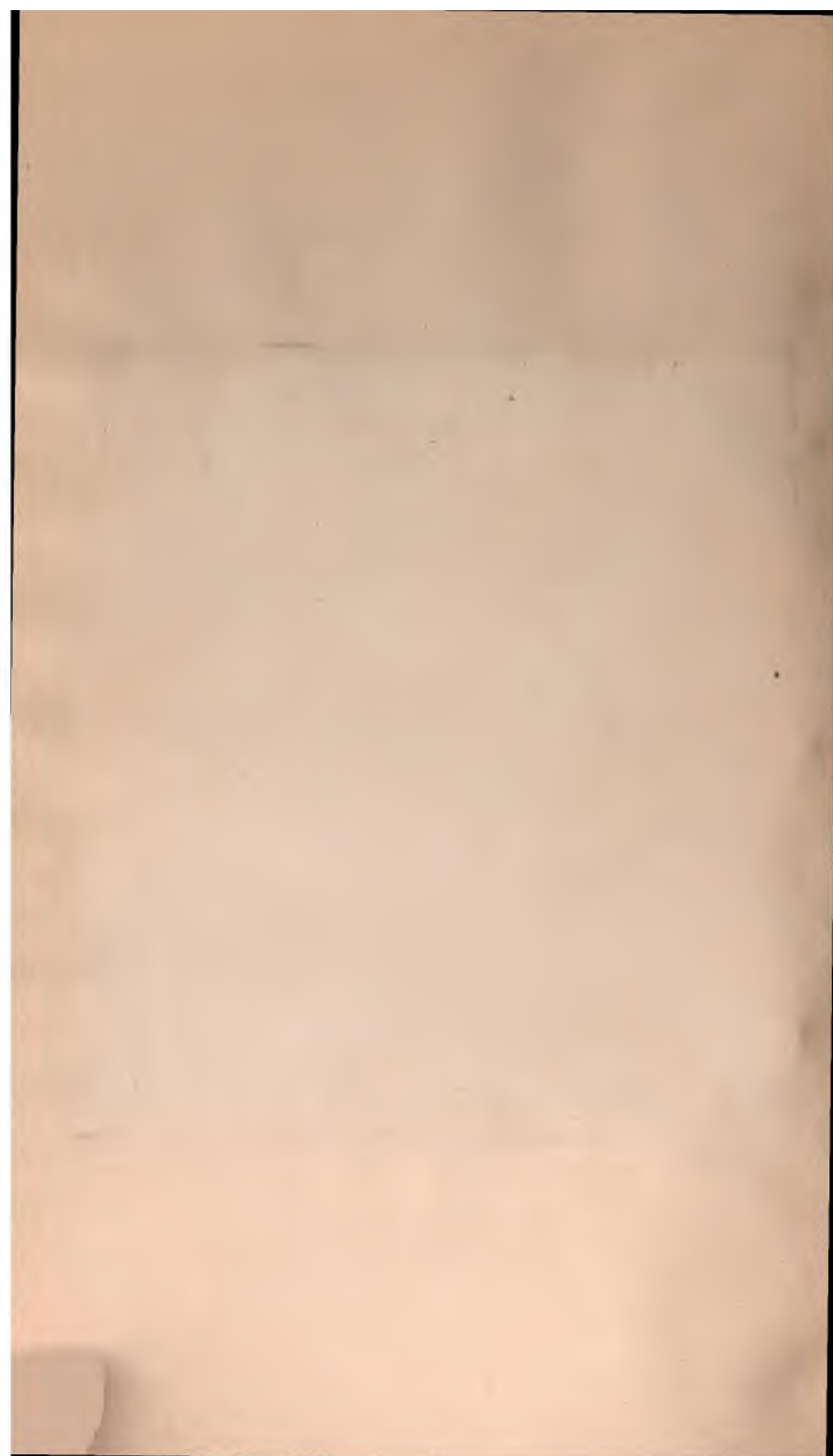
CASE 34. *The Nipple partly in, Left Ovary affected*.—Mrs W. (p. 124) consulted me in March 1863. She is married, but has no period. Her nipples are not out; her breasts, though large and hard, are quite flat. A little projecting point is at the nipple and at the left breast for the last two months; since her marriage a vein shows itself. There is a *hardness* at the left side of the belly, and the nipple of the left breast is smaller than that of the right breast.

CASE 35. *Nipple smaller, and Ovarian Enlargement at the same Side*.—M. C. (p. 286, 1864), married at 33, had six children in eight years.

She suckled, and *had her period at the same time*. As the pregnancy went on, the milk dried up. She had some miscarriages; three between the first and the second child. Her womb came down after the birth of the second child. On examining the breasts the nipple of the right breast was much smaller than the nipple of the left breast; and while the left breast had papillæ in the areola around the nipple, no papillæ were in the right breast. I found an enlarged gland in the right breast. On examining the belly, an ovarian enlargement presented itself. All these indications showed affection of the genital system. The patient states she has irritation and soreness in the vagina.

(The two Photographs here introduced serve to illustrate the cases of indented nipple.)







CHAPTER IX.

THE CAUSES OF OVARIAN DISEASE.

My experience coincides with the following statement of Dr Ashwell:—

“Of all the organs of the body, scarcely any seem so prone either to functional or organic disease as the ovaries; for I can in truth say that I have rarely, when examining these important organs after death, found them entirely healthy” (p. 6, *lib. cit.*).

It must therefore be highly advantageous to discover the conditions under which the ovaries become diseased, as this may lead to the devising of means by which diseased development may be prevented.

Such investigation, with a view to the result as stated, has a world-wide importance; because, just as on the sound and perfect condition of the seeds of plants depends the productiveness of the various kinds of grain and of fruits, so, on the condition of the ovaries depends the human race; every deterioration of the proper state of the ova being attended with a deterioration of the human progeny, and consequently the conservation of their healthful condition is attended with advantage to the future of the race.

CONDITION FIRST.

The first condition under which ovarian disease becomes developed is that of *singlehood*.

The very fact, “God made them male and female,” is a sufficient evidence of the Divine intention in this respect. He makes nothing in vain: and the best way to avoid disease is, that every organ be used as He in His wisdom intended. If its action be not that intended by the Creator—that is, if it be not normal—it will seek abnormal actions, and such will cause disease. Facts bear out this statement.

Of 170 cases of ovarian disease recorded by Dr Robert Lee, 45 cases occurred in unmarried persons.

It is not unlikely that a still greater number of those referred to in these 170 cases were unmarried; but the ascertained fact, that one-fourth of the number were those of unmarried persons, is a sufficient proof of what has been above stated.

It is an interesting fact, in connexion with singleness as productive of ovarian disease, that women, who when married have no ovarian disease, frequently on becoming *widows* have ovarian disease induced.

Many cases, illustrative of widowhood as connected with the production of ovarian disease, might be given.

It is, however, well ascertained, that the actual and still unchanged singleness of state appears to be productive of ovarian disease: as well as that the state of *widowhood* is also productive of this condition—at least to a degree, if not to the same degree—and often leads to similar results.

CONDITION SECOND.

The second condition under which ovarian disease becomes developed is that in which women, being married, remain *barren*.

Out of the 170 cases, already referred to, 56 were women who were married but were *barren*: being in a proportion of about one-third of the whole number affected.

Add these 56 cases to the 45 cases occurring in single women, a total of 101 cases of 170 is presented of ovarian disease. These cases consisting, first, of the unmarried; and, second, of those who being married remained barren.

CONDITION THIRD.

The third condition under which ovarian disease becomes developed, is that in which the womb becomes subject to *profuse monthly* discharges, to profuse blood-discharges (*metrorrhagia*), and to miscarriages.

Ten of the 170 cases recorded by Dr Robert Lee occurred in women who had had miscarriages; 27 in women who had profuse monthly discharges, or profuse discharges of blood from the womb, making a total of 37.

The occurrence both of the profuse monthly discharge and of

the blood-discharge indicate a condition of the uterine organs allied to and precursory to the state which causes that of miscarriage.

This recognition of the association of the development of ovarian disease with the condition causing miscarriage, is highly important as showing the necessity of attending to, and terminating, if possible, this action of the womb productive of miscarriage, so that the patient may be enabled to carry the child to the full time. My experience has convinced me that if she, after having miscarried even more than once, succeeds afterwards in carrying a child to the full time, such success opposes a barrier to the subsequent development of ovarian disease; the reason is that, by this restoration of the normal state to the ovary, the ovum recovers its natural, its normal condition, and thus the development of the ovarian tumour, at the time when it frequently develops itself—viz., when the cessation of the monthly period occurs—is arrested.

Indeed, the recurrence of the normal state to the womb—viz., pregnancy—has proved of benefit in cases where ovarian tumours have actually existed.

CONDITION FOURTH.

The fourth condition under which ovarian disease becomes developed, is that of women who, having had children, it may be at intervals of two to three years, cease to have children before the time at which child-bearing generally ceases.

The following six cases are related by Dr Robert Lee:—

In the Case 14, where there was a tumour of considerable size between the rectum and the womb, the patient, Mrs F., had given birth to four children: twelve years had passed since the birth of the last child. The patient was 33 in 1833. In September 1832 she began to suffer from pain in the back and a sense of bearing-down about the womb, with leucorrhœa. The monthly discharge was regular, but scanty. Pregnancy was suspected.

In another case (30), the patient, aged 47, had had two children; the last eleven years since.

In another case (23), the patient was 60 years of age, and she had one child—a son: he was 34, so that she had had no child since she was 26.

In another case (65), the patient was 48, and her youngest child is 16. She had had no child since she was 32. In this case of tumour, pregnancy was supposed; there was, however, no sickness.

In another case, the patient, Mrs E., was aged 70. She had had one child early in life, and then she became sterile.

In another case, the patient, aged 45, had had children, the last, seven years since. She had the last, namely, in her 38th year.

Similar cases have occurred in my own experience.

Taking for each case the forty-fifth year as the proper time for the cessation of the monthly discharge, and, as such, for the time of the cessation of the liability to pregnancy, it is clear that the time at which the pregnancies ceased was much before the time when such cessation should take place.

The views stated being correct, the inference is legitimate, that if a woman ceases to have children long before the cessation of the monthly period, ovarian disease is probable.

This inference is founded on the opinion, that there must be, under such a circumstance, some cause which renders the condition of the married life (which previously had been productive of children) to be non-productive.

That cause may often be found in the practice so frequently adopted in France, and of late years even in England, by which women, very commonly in France, have no more than three children.

This practice is, I have little doubt, the most frequent cause of ovarian disease.

The excuse for it often is, that the too frequent having children weakens the woman; as, in a healthy state of the organs, it need not do, and certainly was not intended to do. True affection for the woman would cause total avoidance of such practice.

In fact, even if the tendency to ovarian disease be very slight, the unnatural action of the womb will cause ovarian disease to be developed.

Before the ovarian disease develops itself under the conditions referred to, the injury done manifests itself in many forms. The patients often become affected in the head. They are pronounced nervous, and by ignorant medical men are said to be

hysterical (hysteria being a term that the ignorant and unscientific among the profession find very useful to them, and by which they affect to ignore the kind of symptoms which they will not take the trouble to understand as they are bound to do).

It is, indeed, in connexion with this practice, to which reference has been made, that men, who profess to regard themselves as philosophers, have lent themselves to the propagation of views on which they pretend to base a philosophy, whereas they exhibit a total ignorance of the uses which the Creator has appointed to regulate the healthful action of the organs of the human body—an action necessary to the production of the *mens sana in corpore sano*.

CONDITION FIFTH.

The fifth condition under which ovarian disease becomes developed is that of women who, marrying late in life, do *not become pregnant*.

The condition of barrenness, as connected with ovarian disease, has already been referred to: here the barrenness is modified by another state, the lateness in life at which the marriage has taken place.

The nature of the modification hereby induced will easily appear.

A woman married late in years has a new action caused at a time when such action may not be health-giving to the uterine organs. Action without the natural result produces not unfrequently, if persisted in, a diseased state of the organs engaged. The ovaries become, it may be, roused into action, but without such result as would be natural in earlier life, and disease, of necessity, ensues.

In the fourth condition causing ovarian disease, Nature, though competent to obtain the legitimate result, is prevented realizing. In the fifth condition, Nature is often incapable, or not efficiently capable.

CONDITION SIXTH.

The sixth condition under which ovarian disease becomes developed is that of women who have married *very early in life*.

This is illustrated in Case 114, in which the patient had an ovarian tumour at the age of 42. She was married in very early life, and was never pregnant; she was in 1849 a widow.

I knew and attended a lady who died of ovarian and womb disease. She was married *before the monthly period had occurred*. She had several children, but suffered intensely in married life. She ultimately died of cancer of the womb.

CONDITION SEVENTH.

The seventh condition, under which ovarian disease develops itself, is the state in which there has *never been perfect physical union*.

The Case 96, recorded by Dr Lee, of Mrs J., who had been married thirteen years, was one of this kind.

The same was exhibited in Case 82. In this patient, though aged only 48, the monthly discharge had ceased several years, that is before the time at which it ought to cease.

In these cases, the natural result of marriage union had not been attained; and it may be inferred, that unnatural action of the organs, which would tend to cause ovarian disease, must have been induced. I have known numerous cases of ovarian disease in which this condition of the genital parts has existed; and in all of which it is not unlikely that action of the ovaries with injurious results must have been created.

CONDITION EIGHTH.

The eighth condition, especially productive of ovarian disease, is that represented by the phrase *unequal marriages*.

The phrase unequal marriages is used to convey the marriage of persons unequal in age: thus an old man may marry a young girl, and a young man may marry an old woman.

Both are inequalities, and both are injurious, and productive of disease, more especially of ovarian disease.

In both these states, the womb and its appendages are unhealthily, because unnaturally stimulated.

When the old man marries the young woman, and when the young man marries the old woman, a want of harmony between the states of the two exists; and the injury in both cases is very serious, causing in many cases life-long sufferings; the action

aroused must be an unhealthy, as it is an unnatural one, physically as well as morally, and it is a union attended with evil consequences.

Speaking of the physical part of the evil only, it ends, as might be expected, in the production of ovarian disease.

It seems a curious fact, that old men when marrying seem peculiarly prone to marry females of youthful age.

When young people know the injurious results attendant upon such unequal marriages, and at the same time know the cause of such results, it is logical to infer that they will not be induced thus to imperil their existence.

The unnaturalness of such marriages is more or less recognised by all; what is wanted is to create a public opinion in connexion with this unnaturalness, strong enough to give sufficient motive to resist the morbid desires leading to such marriages.

In order to create such a sufficiency of motive, it will be useful to select a few cases, illustrative of the injuries resulting from unequal marriages in connexion with the state of the womb and of the ovaries.

The cases may first be noticed, in which the age of the husband is considerably greater than that of the wife, and then those in which the age of the husband is considerably less than that of the wife; and the statement will render apparent, that each state produces, to a certain extent, special morbid conditions.

As a general rule, it may be held that a man should be four or five years older than his wife; and, as another general rule, a man should marry at twenty-five, and a woman at twenty or one-and-twenty.

When these rules are neglected, it may be expected that diseased results will occur.

Cases in which the age of the husband is out of balance, being greater than the right proportion.

CASE 1. *Husband ten years older.*—S. C., aged 44, a widow, having had five children, and one miscarriage. She complains much of her back. Her husband is ten years older than she is; he is delicate. Though 44 years old, she has had no monthly period for six years; and this though the period did not occur till she reached 18 years of age.

About six years since, the time her monthly discharge ceased,

her belly enlarged, and she was deemed pregnant: the enlargement continued eleven months, when a discharge of watery fluid, attended with pain, took place, continuing two days, and the swelling disappeared. She has still, I think, an enlargement of the ovary of the right side.

CASE 2. *Husband twelve years older.*—Mrs W. (p. 30, W book) consulted me respecting her child, seven years old, whom she brought from Stafford for consultation.

The child had curved spine, which came on subsequent to hooping-cough, since which cough it has been ailing.

The hooping-cough did not satisfactorily explain the great weakness of the child. I learned that before the spine curved she complained of the belly; the glands seemed enlarged: indeed, the belly had been better since the back had become curved; it is likely that the diseased state had transferred itself to the spine.

I found that her mother had married a widower, twelve years older than herself—a man given to excessive indulgence. She had after her marriage three miscarriages at two months. This child she carried the full time, being under medical treatment the whole time of the pregnancy.

In this case, it is worthy of note, that the patient had three miscarriages. In the former case there was one miscarriage.

CASE 3. *Husband thirteen years older.*—Mrs K.'s husband is thirteen years older than herself. She has been married four years. She has had three miscarriages. She has had pain in her breasts.

It will be seen that here again three miscarriages have attended this case.

CASE 4. *Husband twelve years older.*—Ann H., aged 25, married. Her husband is twelve years older than she is. She has never been pregnant; has bearing-down feeling. She has been in the Middlesex Hospital; obtained little or no relief: her belly is large.

Is ovarian disease developing itself, ineffective marriage producing its effects?

CASE 5. *Husband seventeen years older.*—Mrs M. consulted

me April 1861; she has an ovarian enlargement. Her husband is seventeen years older than she is.

CASE 6. *Married after Cessation of Monthly Period.*—Martha L., aged 49, married four years. Her head became affected after marriage; the monthly period had ceased before her marriage took place, and the cessation was sudden.

A sudden cessation of the monthly discharge favours the development of ovarian disease.

She feels "too big;" a cough she has hurts her at the belly, at the region of the ovaries.

CASE 7. *Husband seventeen years older.*—Mrs P. (p. 128) consulted me November 29, 1862.

She is married, aged 37. Though married for seventeen years she has never been pregnant.

The following symptoms present themselves:—

No. 1. Nervousness particularly *before* and *after* the period.

No. 2. She is excited in temper; has an angry feeling; she feels as if she could almost box the ears of those around; she does not cry; the irritation is worse before the monthly period; she feels as if she must scream, and is very hysterical.

No. 3. The period discharge is very little, is sometimes clotted, and she has a throbbing at the lower part of the belly when the period is over.

No. 4. Her appetite is uncertain.

No. 5. Her food is heavy at the upper part of the chest.

No. 6. She does not sleep well.

No. 6a. On awaking, she has a sensation extending all over her, from the finger-ends to the feet.

No. 7. She is affected at the forehead and at the top of the head.

No. 8. She has a feeling of fulness in the throat.

No. 9. She feels to have no spirit; she feels as if she could lie down and die; the state of excitement and the state of depression alternate.

No. 10. She has a desire to be alone.

No. 11. She sees objects in her sleep.

No. 12. She has great tenderness when the ovary is pressed.

The chief of these symptoms, indicative of womb irritation,

was produced, it is likely, by the absence of the natural action in the womb, this being dependent on the age of her husband, namely, he being seventeen years older than herself, and being also feeble.

CASE 8. *Husband forty years older.*—Mrs G. (p. 111, case-book), consulted me August 30, 1866.

She complained of a perfect apathy and constipation of the bowels, and has a feeling at the left side of the abdominal cavity, as of a swelling internally, which causes soreness on pressure.

She seems well in every other respect, is a well-built woman, naturally active.

Her health was good till she married a man at seventy, she being about thirty.

Is not the *post hoc* here the *propter hoc*? Is not the ovarian disease caused by the inequality of marriage? Is not the want of harmony between the conditions of seventy and the conditions of thirty the cause of these results?

CASE 9. *Husband twenty years older.*—E. H. (p. 513, 1864), aged twenty-six, married, consulted me April 1864.

She has had one child; has been married several years.

During the last three years she has been dreadfully faint. She is very nervous, and trembles much.

At the time of the period she suffers pain principally at the womb passage. She always has a white discharge, and much irritation at the womb.

Like as in the case which follows, her health was much better before marriage.

As marriage ought to be productive of health, a cause must be for these conditions. The same is found in the fact that the husband is *twenty years older* than herself; and such being the cause, her case is sad, because it must continue, and continuing, will, it is likely, end in ovarian disease.

CASE 10. *Ovarian Disease from Impotency.*—M. C. (p. 412, 1867) has had six miscarriages. Her womb seemed healthy.

This puzzled me at first, but a reference to the case of her husband showed me that his practices in early life were bad.

It is not unlikely that the condition thereby induced in him

had caused the unhealthy state alluded to in his wife ; that is, the ovum, as will be explained in the Chapter on Miscarriages, was impregnated so imperfectly as to render the fœtal existence thereby induced to become an inappropriate stimulus to the womb, and hence the many miscarriages.

A few additional cases illustrative of the greater age of the husband, as producing ovarian disease, may be recorded.

CASE 11. *Husband fifteen years older.*—Mrs W. consulted me for a *discharge of blood from the womb*, which is caused when she is subjected to any shaking, such as riding in the omnibus.

Married before she was eighteen years old, she had four children before she was twenty-two years of age ; after that time she had no more children.

Her husband is fifteen years older than his wife, and he is the only one left of a family of eight ; all the others died of consumption.

Such conditions being present—namely, the delicacy of constitution of the father, and the disparity of age of the two parents—need the results be wondered at ? These were one child, now grown up, who has curved spine ; another son, who has epilepsy, and is very nervous, although a grown man.

Add to these the fact of a marriage between a delicate man and a woman not arrived at her full maturity. Her womb is called into especial action and labour ; she has four children before she completes her twenty-second year ; the womb then ceases to perform its natural function, and disease, as might be expected, is created in connexion with it.

CASE 12. *Husband twenty years older.*—E. C. (159, 1864) has an ovarian tumour. Her husband is twenty years older.

CASE 13. *Husband twenty years older, and early Death of Children and Miscarriages.*—Mr M. consulted me April 1854. He is a widower. His wife, twenty years younger than himself, died of ovarian disease and dropsy. She had been married before ; she had twins ; one was born dead, the other was born at due time and alive, but died after three weeks. The next was a miscarriage ; the fourth was a living child, but died at two years and a half.

Here the diseased action of the ovary was indicated by the imperfect development of the foetus; this imperfection manifesting itself in the formation of a child born dead, then of a child dying three weeks after birth, and then of a third, dying two years and a half after birth.

Will not the inequality of the age of the husband and of the wife explain these phenomena?

CASE 14. *Husband sixty years older.*—I knew an old man of eighty-four, who married a young lady of twenty-three. She was persuaded to marry him because he was wealthy, and her friends deemed it likely that she would not have to wait long for his departure.

She died in a year after her marriage. The physical condition caused by marriage with a man so old produced epileptic attacks and diseased womb, of which she died.

What is this better than prostitution?

Having noticed these few cases in which ovarian disease originates from the greater age of the husband, a few, in which the husband is *younger than the wife*, may be recorded, with the view of proving that this second state is also productive of ovarian disease.

CASE 15. *Husband six years younger.*—M. B. (p. 262, 1859), aged 42. She married a husband six years younger than herself. She had one child eight years since.

She had a reddish and an offensive discharge from the womb. She thinks that the period occurs sometimes four times in five weeks; it is a discharge not likely to be the period. She has pains connected with the womb. Dr G. has attended her.

CASE 16. *Husband many years younger.*—Mrs H. (page 143) consulted me in 1864. Her age is fifty-three, and she has been married twice.

By her first marriage she had, first, a miscarriage, and then five children. Her husband died when she was in her twenty-ninth year. She remained unmarried nearly twenty years, and then married a husband many years younger than herself.

She has an idea that she has had pain in the region of the womb since soon after the death of her first husband.

When she consulted me she had the following symptoms:—

No. 1. Weakness. No. 2. The womb seems to fall. No. 3. She has a *tumour at the right side of the belly*. No. 4. The tumour *seems to drag* from the side when she lies on the left side. No. 5. Much discharge connected with the womb for many months. No. 6. She has a *feeling of a substance* in the entrance of the womb-passages.

Examination discovered that the entrance to the womb-passages (vagina) was much contracted and hardened.

Symptom No. 7. Her head is much affected; she has been obliged for months to have ice laid on her head. No. 7a. Her sight is affected, and a black spot presents itself before the eye. No. 8. She has frequent pain across the loins. No. 9. Her right hand and her right arm are affected and are weak. No. 10. Her nose gets hot in the evening.

(This last-named symptom indicates a circumstance worthy of notice in the treatment of womb-diseases; this sympathy between the nose and the womb affording a useful diagnosis.)

Symptom No. 11. Her fingers used to contract, and her physician had them strapped down to a board for eighteen months!

All these symptoms, or, at least, the greater part, are referrible to the undue action of the womb, as dependent upon the inequality of age existing between her and her husband.

This view is corroborated by the fact that this lady's daughter, who is *similarly* affected, is married to a husband ten years younger than herself, *i.e.*, similar causes originate similar effects.

CASE 17. *Injury from Marrying a Husband ten years younger.*—S. P. (820, 1864), aged 36, married. She has suffered in the womb, but only *since her marriage*. Her husband is ten years younger than herself. She has great pain in connexion with the womb, as of pushing up; often she passes congealed blood. She has a great weight at the womb region. The breasts swell. She has a cough before the occurrence of the period.

All these symptoms indicate the coming on of ovarian disease.

CASE 18. *Husband nine years younger.*—Jane J. (p. 546, 1859), aged 41, married two years and four months. Her husband is nine years younger than herself.

She complains of an *enlargement* of the belly, which has been coming on since a few months after her marriage.

She has a *choking* feeling in her throat as of cold water rising from the chest to the throat.

She has an *itching* in the *groins*.

She has a shooting up in the womb; she chafes in walking; the feeling is something like the stinging of a nettle. The monthly discharge is scanty, and smells offensive.

She has ovarian disease; when touched in one part she screams with pain. Sometimes she falls down from affection of the head, which is particularly severe when she coughs. She has cold shivers.

This abdominal enlargement may have originated in the following conditions:—*First*, that, being married to a man younger than herself, the action of the womb is not natural; *second*, that such being the case, the discharge of the monthly period becomes little, and the belly enlarges.

Several of the cases recorded shadow forth the idea that there are other conditions in which marriages may be unequal.

Mrs E., aged 54, consulted me May 5, 1868. She complained of a pain under the ribs on the left side. The pain was special, and led to an examination. I found on pressing with my hand that on the left side of the belly a hardness existed in the region of the ovary. She stated that she had noticed it a month and more. At first I thought it might be loaded intestine.

She then mentioned incidentally that she had an unusual feeling for some time in her left breast, which swelled and caused a sensation as if the milk were flowing into it, just as it used to feel when she was about to suckle her baby.

I inferred that the enlargement was ovarian.

I found that, till she was of the age of forty-three, she had had a child almost always at the interval of fifteen and sixteen months; afterwards, before her period stopped—*i.e.*, in the prime of her life—she ceased to have children.

It appeared that her husband, thinking that having children so fast weakened her, had adopted for years means to prevent pregnancy; and, as might be expected, ovarian disease followed—that is, the womb not acting healthily, the ovary assumed a diseased activity.

Conditions connected with inequality of age, are presented in the following.

Mrs J. (page 121) is 39; her husband is six years younger. She has a weakness in the middle of the back. Her period is too profuse. Her milk soon ceases when she is suckling. A period of five years passes between one or other of her children. She has had a miscarriage. She has pain and weakness at the lower part of the body. Bad breast twice; it has gathered. The right nipple is more in than the left.

These conditions, if not cured, would end in the production of ovarian disease.

It is quite clear, that all the circumstances referred to as indicative of the various forms under which inequality of age manifests itself, have an important bearing on the production of ovarian disease, and call for serious attention.

CONDITION NINTH.

The ninth condition, under which ovarian disease develops itself, is that connected with the *cessation of the monthly discharge*.

The following fact gives an explanatory view of the idea thus suggested:—

Mrs M. H. consulted me, March 16, 1858. She has little knotty growths on the eyelid and the head. She states that they always grow most rapidly just after *she has given birth to a child*. This shows that the action of the womb, ceasing after having given birth to the child, allows the development of an action in parts, not immediately connected, but in sympathy with the womb. She further informed me, that she had had six of these bodies cut out, and fresh ones have come. So, when the womb-action connected with the production of the monthly discharge ceases, at the cessation of that discharge, it is not unlikely that any tendency to ovarian disease may develop itself.

This is exhibited in case 106, p. 61. The patient had had nine children, but she had had many miscarriages. This occurrence of miscarriage is, as has been already illustrated, a cause of development of ovarian disease. When the monthly dis-

charge ceased, then the ovarian enlargement developed itself.

This condition, as tending to produce ovarian disease, is easily explained. The cessation of the action of the womb in producing the monthly discharge, allows a transfer of the direction of the life power (previously active in such production) to some other organ; and if there is in the ovary or ovaries any diseased state, it becomes developed, and ovarian disease is produced.

Hence the great importance of watching all symptoms, indicative of disease of the womb organs, occurring about the time of the cessation of the monthly discharge; by attention thereto a year or two before the cessation of the period, the development of ovarian disease will be prevented.

This narration of the conditions under which ovarian disease develops itself, will serve at least to give some light on the subject of preventing such development, and will help to give the principle in connexion with which the morbid action has its development; or, perhaps, more correctly, its power of developing.

From these statements and views the certainty is established, that women who have had children at regular intervals, are least liable to ovarian disease or tumours. Cases of ovarian disease do indeed occur even in those who have had children regularly, but it will be found that persons so affected have had all the precursory conditions, notwithstanding their pregnancies have been regular.

Thus, in a case recorded by Dr Lee, the patient had had leucorrhœa and metrorrhagia for a long time; she had swelling of the right thigh and leg, indications not unfrequent of ovarian disease, latent it may be.

But these would, it is likely, not have been attended with the production of ovarian tumour, had not the constitutional condition existed.

In this patient, "a tumour had been removed from the neck three years before; this had been growing twenty years, and went deep into the neck." That is, while the womb was performing its regular action, there was also *the tumour producing action*, going on in the neck.

But surgeons must cut, and the action which had taken place in the neck, being no longer able to take place in that direction,

took place in the ovary. It is quite probable that, had the surgeons left the patient's neck alone, no ovarian tumour would have appeared.

As a general rule, it is a great and often fatal mistake to remove a tumour.

Indeed, I have seen numerous cases of ovarian disease, which have appeared after tumours have been removed from other parts of the body.

Take a recapitulatory view.

No one can doubt, after the statements made, the fact that between the breasts, the *mammæ*, and the womb and its appendages, there is a marked sympathy, and that there are definite indications of this sympathy.

The query arises, what are the indications, and what do they indicate?

In the enlarged papillæ and the enlarged areola are to be found indications of pregnancy, and also of ovarian excitement and of ovarian disease.

Dr Montgomery has given most vivid representations of the changes in the breasts as connected with the progress of pregnancy, and has shown that in the orderly development of the vessels in the breasts is to be found much instruction, because indicative of well-regulated changes in the process of the development of the fœtus.

In ovarian disease the enlarged areola and the developed papillæ are not unfrequently presented.

The papillæ are presented in womb-irritation. In some females the papillæ round the nipple are seen to be as projecting as in women four or five months gone in pregnancy.

I have known, in women who have, after having had several children, ceased suddenly from having any more, the papillæ developed quite as much as if several months advanced in pregnancy.

Dr Ashwell remarks :—

"Of all the female genital organs, there are none so essential, none which exercise such influence, as the ovaries" (p. 657, *lib. cit.*). Such is his experience.

He adds :—

"The structure of the ovaries is complicated, the ovules

of De Graaf being the most important part" (p. 637, *lib. cit.*).

The ovaries having so great an influence, and the ovules being so complicated in structure, the chief diseases will be found in connexion with these ovules.

Dr Ashwell, making reference to another fact, that *uterine* diseases are more numerous and more common than *ovarian* diseases, remarks:—

"But this partial immunity of the ovaries from disease is more characteristic of the early life than of the reproductive and more advanced period of life. It is true that morbid lesions in early life are uncommon, though not altogether unknown. Afterwards, however, the ovaries are subject to excitement *before* and *during* menstruation; the state of the Graafian vesicles, too, is liable to sudden changes, not only in the natural results of conception, but from acute and chronic inflammation, and other causes. The coat investing the ovary must also be *torn* whenever *impregnation* occurs, and, when to these conditions we add the consequences of menstruation, of labour, and of the puerperal state, we can have no hesitation in believing that the ovaries and the Fallopian tubes must, for many years of female life, be common seats of disease" (*lib. cit.*).

Not that those conditions are necessarily associated with disease, but they allow diseases to be developed.

The more frequent ovarian diseases may be noticed.

Inflammation is attendant on almost every organ, when its state is disturbed.

Inflammation of the *ovary*, uncombined with inflammation of the womb itself, is common. It is called OVARITIS, and may be *acute* or *chronic*.

In acute ovaritis there is a dull pain, deeply seated in one or both iliac hollows or fossæ, accompanied with sensations of *weight* and *heat*, always *aggravated* by the *erect* posture or by any *sudden* movement, and by passing the *fœtus*. Dr Ashwell has known *fainting*, induced by the severe pain consequent on getting out of bed, to *relieve the bladder*.

There is pain in paroxysms along the course of the *thigh* and *leg* of the corresponding side, if only one ovary is affected (the cases already recorded in previous chapters illustrate this); also

difficulty of passing water (*dysuria*) and *tenesmus* are occasionally present.

The pulse, in many cases, becomes quick, the skin is hot, and *nausea* and vomiting occur.

Chronic inflammation of the ovaries presents the same phenomena as those presented in *acute*; but the symptoms are less severe.

The next disease of the ovary is DROPSY.

In regard to the DROPSY of the ovary, Dr Ashwell remarks:—

“It is undoubtedly true that, of all the forms of abdominal tumours, excepting of course those of pregnancy, there are none so common as those which originate in the uterine appendages, particularly in the ovaria.”

It was shown that ovarian tumours affect mostly unmarried women, and women married, but *barren*.

Dr Mason Good testifies to a similar condition in reference to ovarian *dropsy*.

“This disease is sometimes found in pregnant women, but far more commonly in the unimpregnated and the barren” (Mason Good, vol. iv. p. 322.)

He adds:—

“It is also met with in the young and those who regularly menstruate, as well as in those whose term of menstruation has just ceased” (*lib. cit.*, p. 322).

As to the parties most liable to ovarian dropsy, Dr Ashwell testifies:—

“Single women are, taking a given number, and comparing them with an equal number of married females, most liable to the disease.”

Dr Mason Good states:—

“The disease commences, and often continues for years, without much affection of the general health, yet it is insidious, and the constitution at length suffers and falls a prey to it; the exceptions, indeed, are very rare” (*lib. cit.*, vol. iv. p. 323).

These facts afford serious testimony to the importance of married life as a means of health.

The development of ovarian dropsy originates most frequently in connexion with bags or *cysts*, formed in the ovaries, from diseased Graafian vesicles.

The fluid, as being contained in these bags or cysts, causes the ovarian dropsy which thus originates to be named *encysted*.

"In other cases, the development of ovarian dropsy originates from a solitary cyst, containing a serum somewhat like whey, hence named a *serous* cyst, in the neighbourhood of the womb or in the folds of the broad ligament."

"Ovarian encysted dropsy seldom shows itself before twenty, although I have seen several examples much earlier; one in particular, where the patient had not reached the eighteenth year, and where the ovary must have contained many pints of fluid" (p. 953, *lib. cit.*).

It was already noticed, that the unmarried are more liable to ovarian disease; and Dr Ashwell, when treating of ovarian disease and its recurrence, corroborates this view, adding:—

"It is most frequently seen between the ages of twenty and twenty-five; when the patient is in the prime of womanhood, the reproductive organs active, and, *if not healthily* active (which they can hardly be in the single state), their very activity becomes a source of disease" (655, *lib. cit.*).

As to the symptoms indicative of ovarian dropsy, the following description is given by Dr Ashwell:—

"A tumour in one of the inguinal regions is usually the first symptom recognised by the patient. It will be found to arise out of the pelvis, either on one or the other side, and may be firm or smooth, or lobular and uneven. It is seldom painful, but may not be altogether void of uneasiness; and I have sometimes been surprised to ascertain that a tumour of this kind should grow sufficiently to reach the pelvis, and even the umbilical region, and to have lost all trace of a lateral origin, without having once seriously excited the patient's attention." (I have often seen the same.) "The process of growth varies greatly; for a time it is slow, and scarcely noted, even from year to year, until, from some unknown cause, sudden and rapid increase takes place, so that, in a few weeks or months, the tumour may become large enough to fill nearly the whole abdomen, presenting the appearance of a pregnancy far advanced; even after this it becomes stationary. But it is only necessary to watch these cases for a short time, when we soon become convinced that the tumour grows more tense, the fluc-

tuation more distinct, and the breathing more embarrassed" (*lib. cit.*, 655, 656).

In regard to the cysts, "they may be simple bags or cysts, containing serum, attached either to the surface of the ovary, the broad ligaments, or the Fallopian tubes. These vesicular cysts are very common, sometimes congenital, and generally small and attached by a pedicle (pediculated), although they may attain to the size of an orange, or perhaps even to a still greater bulk" (649, *lib. cit.*).

Ovarian dropsy may sometimes be with difficulty distinguished from dropsy (general) and from pregnancy.

The fact that pregnancy has relation to the womb, at once suggests a means by which it can be distinguished. The womb is situated *behind the pubes*; and, by consequence, when an enlargement takes place from pregnancy, such enlargement will occur immediately above the pubes, and will progressively *ascend*, until it reaches the navel.

Whereas the ovaries, being situated at *each side of the belly*, in the iliac pits, ovarian dropsy will, of necessity, commence at one or both sides, according as one ovary is, or both ovaries are, affected. The patient will of herself describe the commencement of this swelling and its progress, and this will help the medical man in coming to a satisfactory diagnostic conclusion.

These aids in the diagnosis between pregnancy and ovarian dropsy, as derived from the localities in which the enlargement takes place, are not so clearly found in general dropsy. Still there are means by which, even in relation to general dropsy, means of diagnosis can be realized, and these means will be found in connexion with the conditions of the nipple.

Sometimes pregnancy and dropsy are concomitant and coincident. I had a patient, a young married lady, whom I visited in Kent. She was not more than twenty-three. Her case presented some difficulties. I thought she was pregnant, but the fluctuation of dropsy was also marked; and the difficulty of breathing from the abdominal enlargement was such as to necessitate the removal of the fluid.

It was successfully removed. She was seized some time afterwards with fever, and she died. Being far distant in the country, I did not see her; but it was found after death that she was pregnant. Her usual appetite was very strong. In

this case, the opinion of Dr Ashwell was not corroborated; but this was only a solitary case.

Dropsy of the Fallopian Tube.

Another form of dropsy is that connected with the Fallopian tubes.

In some cases the Fallopian tubes are very much dilated; in other cases (but few) there are serous cysts, developed in their walls or coats, but not communicating with their interior.

"This species of dropsy is not common. It presents an appearance rather distinctive, namely, an elongated line, which the swelling assumes, and the direction it takes towards the iliac region on the one side or on the other" (Good, p. 326, vol. iv. *lib. cit.*).

Dr Ashwell observes:—

"A third form of ovarian dropsy, *consisting of a single cyst*, is attributed to morbid accumulation of fluid in one or more of the Graafian vesicles" (*lib. cit.*, p. 653).

Various are the forms and the structures which are presented in ovarian tumours.

It is not necessary to enter into the subject further in the present work; the chief aim of which is to investigate the causes of these tumours, and to endeavour to devise the means by which the constitutional states in which such tumours originate and develop themselves, may be changed; since, when the tumours have originated and have developed themselves, comparatively little can be done, except under circumstances especially favourable, and which rarely occur.

The facts recorded in this chapter, and in preceding chapters, will serve to explain some of the steps taken by ovarian diseases in their development; but it may be useful further to illustrate this subject, as thus a warning may be given which may help to ward off danger from the individual.

The following case presents the indications of the development of ovarian disease:—

Mrs N. (page 65) consulted me in June 1866. She has a swelling and a tenderness at the right side of her belly. She has been married three years. She has had one miscarriage (a common precursor of ovarian disease). She had a child at

the full time, but it was born dead,—another precursor of ovarian disease; the doctor thought that it died in the birth. When the child was delivered, she had milk in the breasts; she noticed that she had much more milk in the left breast than she had in the right, *i.e.*, the breast in connexion with the right ovary affected. She had a jerking in the right leg; that is, the leg of the side on which is the affected ovary. All these indicate the ovary diseased.

She thinks that this right side of the belly was affected before her marriage; a circumstance not at all unlikely.

This affection of the side of the belly is not unfrequently the precursor of the ovarian affection; an affection which, if allowed to go on, causes the formation of ovarian cysts, and ends ultimately in ovarian dropsy; it becomes, therefore, an important duty of the physician to notice all these incipient developments of ovarian disease, because, appropriate means being selected, the development of this disease can be prevented.

The following case, like that just narrated, has interest as indicating the development of ovarian disease:—

Mrs W. (p. 96), consulted me for her *sight*. She has had several miscarriages—occurrences causing a suspension of ovarian disease. She stated that her belly was enlarged, and, when pressed at the region of the ovary, caused her to cry out with agony. She had no knowledge till then of this painfulness—a fact which has often struck me. She added, that she had white leg on this side: another corroboration of the existence of diseased ovary; a diagnostic matter which should always claim attention.

Indeed, the facts that the patient had had several miscarriages, that her belly had become enlarged, that severe pain was felt on pressure at the region of the ovary, and that she had had the disease *white leg*,—all tended to direct attention to the existence of ovarian disease.

The association of miscarriages with the development of ovarian tumours, is exhibited in the following case:—

E. P. (p. 843, 1864), aged 46, married, the mother of eleven children, or, to make a more correct statement, she had had eleven pregnancies. Of these, four were miscarriages; these miscarriages took place between the fifth or sixth months.

She consulted me for a tumour in the belly. She felt it first

ten years ago, but now the tumour has increased in size. She has some pain in connexion with it, the skin appears tight at the part, and there is a heaviness there. The two last births were at six months. This, I believe, is somewhat connected with the state of the ovary. Ovarian tumour was present.

Such facts as these are numerous, and should attract attention, because this attention might be attended with the greatest benefit in enabling the individual to escape the development of so serious a malady; ever remembering the old adage, Prevention is better than cure.

To these facts may be added the following:—

Mrs M. (p. 168) has ovarian tumour, and, it is presumed, has tumours besides that one for which she consulted me. She first consulted me four or five years since.

I discovered the tumour, but she was made so nervous by the discovery (at least so she states), that she went to other advisers.

She became so much worse, that she again came to me.

She has been married several years, and has had no children. Her husband had been married previously, his first wife having no children by him. Mrs M. had had a child by a previous husband.

This condition leads to the conclusion, that, imperfect union taking place, ovarian disease becomes a result.

Other Illustrations of the Processes under which Ovarian Disease is developed.

A. A. (497, 1867), aged 40, married. Her husband is *eight* years *younger* than herself. She has been married seven months.

She has had a pain at the right groin (iliac region), which pain she has had off and on for twelve years; but she did not notice any swelling till the last seven months. About twelve years ago she was lifting a very heavy basket; the basket slipped, and she then felt something snap.

The injury thus caused lay, to a certain extent, dormant, until the diseased condition was developed by marriage—not marriage simply, but marriage completed with a man eight years younger than herself. This marriage, causing from the disparity of age an unnatural action, produced a diseased activity

of the state that was lying dormant, and the tumour (ovarian) began to enlarge.

The nipple, in this patient, is beginning to indent; that is, the ovarian diseased action is beginning to affect the nipple.

Miscarriage is a frequent form under which the development of ovarian disease manifests itself, and this is often associated with inequality of marriage.

Mrs M. (p. 993, 1864) states that her husband is eight years younger than she is. She has had no children; but soon after she was married she had a miscarriage; that is, from the inequality of age, the impregnation of the ovum did not become perfect, and consequently the ovum, thus imperfectly impregnated, did not afford a proper stimulus to the womb, and in developing itself was expelled. She has not been pregnant since.

The views and the facts already put forth establish that painful menstruation, especially when attended with painful breasts, constitutes an indicatory because precursory condition of ovarian disease. The sympathy between the breasts and the ovaries has been indubitably established in Chapter VII., and the development of pain in the breasts, at the time of the monthly period—that is, a time at which, by the natural direction of action to the ovaries, increased power is directed thereto—will make it quite apparent that, if the ovum in the ovary is at all diseased, such disease will be represented by a painful condition of the breasts. Painful menstruation, as has been already pointed out, should therefore be specially noticed, and, if special, should be cared for.

And here how powerful is the homœopathic pathogenesis, and consequently how cheering to the sufferers!

How barbarous, how grossly empirical, is the attempt, so frequently made by the old-system practitioner, and, with his consent, by his patient, to palliate the pain by taking gin, which must tend to perpetuate the diseased action of the womb and its appendages! It may, indeed, by a palliative and derivative action on the kidneys, give relief; but at the same time, by producing a disturbance of the balance between the secreting and the absorbing vessels in connexion with the kidneys—a disturbance which is a chief agent in the development of dropsy—it favours, at no distant day (not moving the diseased action of the womb), the production of ovarian dropsy.

Palliation is not cure; it is really a creation of disease: it ensures the future development of disease, because it deceives the individual by a suspension of the diseased manifestation; it allows of the establishment of a permanent disease—so permanent that, at last, no means can avail to loosen its hold.

Let the gin-drinker, at the monthly period, remember to mark the bottle "Ovarian dropsy." It is logical to infer that, since the menstrual discharge may be regarded as a result of ovarian action, and as menstruation does not usually occur during pregnancy or suckling (the ovaria in these states are quiescent), if the menstrual discharge—a result, as stated, of ovarian action—does occur at the time of pregnancy or suckling, there is some diseased state present; or, at least, conditions are induced in the ovaries which, if uncured, must be attended with the production of disease.

Further, it is logical to conclude, that the continuance of suckling, notwithstanding the occurrence in the mother of the monthly discharge at a time when the mother should cease to suckle, must be injurious, *first*, as producing exhaustion (the breasts secreting milk and the womb secreting and discharging the monthly discharge at the same time); *second*, as tending to produce a state of the ovaries, which will cause the ova, if impregnation takes place, to be so modified as to favour miscarriage; and, further, if impregnation does not take place, will cause disease of the ovaries; because the actions connected with the production of the monthly discharge, and those connected with the production of the milk-secretion, are not consistent with one another.

It is the duty of the physician not to allow the diseased conditions, thus indicated, to be neglected; because, later in life, injury must result. It must not be left uncured, because the monthly discharge in passing away will, before it does pass away, leave behind it the rudiments of disease, which will become developed when the period itself ceases.

These views are partially illustrated in the following case:—

Mrs W., an Anglo-American lady, on her voyage over to England, had with her a child upwards of twelve months old, which, while on the voyage, she deemed it would be more convenient to herself, because more convenient to her fellow-passengers, to suckle. When she arrived in England, circumstances

connected with the necessity of studying the convenience of others, rendered it almost impossible for her to give up suckling. She became pregnant almost immediately after her arrival in England; about the third month she miscarried, and had excessive hæmorrhage, with great fetidity of discharge; a serious illness followed, but the patient was saved, though with some difficulty, by homœopathic treatment.

This miscarriage-condition was caused, it is believed, by the state of the ovaries, brought about by the long continuance of suckling, which state caused the ovum introduced into the womb to be so modified as to become an unnatural stimulus: hence the miscarriage.

Indeed, any condition which has a tendency to induce miscarriage, is a condition which favours the production of ovarian disease. It has been already proved, that inequality of age tends to produce ovarian disease, and inequality of age produces a tendency to miscarriage.

It is interesting to notice how the observant mind of Dr Ashwell was led to the recognition of a great injury inflicted on women by excessive misery, or, as he describes the matter, "Undue Lactation."

He relates cases of hæmorrhage from the womb, of leucorrhœal discharges from the womb, of ulcerations of the womb and of the womb-passages; of functional nerve-blindness, of epilepsy, of insanity, of organic changes in the brain, the lungs, and the womb; of headache, etc.; and on their results as thus produced, Dr Ashwell is sustained by the experiences of Dr Lever and Mr John Mills.

Dr Ashwell, in relating some cases favouring his views, and illustrating the condition of weakness produced by this undue lactation (for he considers that the weakness induced is the cause of the distressing results), observes that the supply of additional nourishment does not lessen the bad effects.

Dr Ashwell records another result of his experience:—

"In this early stage, the further advance, or the protracted continuance of the malady, might be prevented; but instead of weaning, larger quantities of porter or wine, with animal food, are most improperly resorted to. Still the desired supply is not obtained. The stomach being weakened, is scarcely able to bear a diminished diet; fever and indigestion, with apparent and

temporary (not real) strength, are the unavoidable consequences of this increased supply. Together with a continued sparing secretion of milk, the symptoms already described are aggravated. The insanity becomes positive and acute, the pulse quick and sharp, the skin parched, and the whole system deranged."

"I agree, however, with Dr Locock, that the aberration from undue suckling is rarely of this serious kind, excepting where generous diet and wine are injudiciously administered; more commonly it shows itself in weakness and in absurd ideas, in whim, and caprice."

Dr Ashwell records another result of his experience, p. 763:—

"If after such an event, more especially if the interval between the deliveries has been short, and the suckling be again protracted, a similar aberration will probably ensue, indicating the propriety of greatly curtailing the time of lactation, if not entirely giving it up."

This experience of Dr Ashwell recognises the fact that, in these cases, the interval between the deliveries has been short; and he points out, "that suckling should be abandoned if a fresh pregnancy succeed very quickly" (p. 767).

In the case recorded by Dr L. of softening of the brain from undue suckling for twelve months, the patient had had the monthly period for the last two months.

The occurrence of a fresh pregnancy implies that the natural period had taken place during the period of suckling; and the occurrence of two periods, in the case recorded by Dr Lever, implied that the natural period had occurred twice while the woman still suckled; that is, the patients were injured by having two drains in the system at the same time.

This would cause weakness, but this was not the cause of the deadly effects—*i.e.*, the undue lactation was not the cause, but there was something behind this.

Dr Ashwell does not appear to have been aware of the real cause. No one but a homœopathic pathogenist could have found out the cause; the homœopathic pathogenist knows that there are medicinal substances which have the power of creating a constitutional state, that manifests itself by causing a discharge of the monthly period during the process of suckling. Some have this caused even after suckling the babe two months, and it continues all along. This constitutional state so caused

is an injury to the constitution, because it creates what ought never to exist, namely, an action of the ovaries and an action of the breasts at one and the same time; and this was the cause of the injury referred incorrectly by Dr Ashwell to undue lactation.

And the despised believer in homœopathy is enabled to meet this mischief—this injury. Hahnemann has taught, by his experiments, what are the medicines that cure constitutional states; hence the homœopathic physician can remove the constitutional condition, manifesting itself by this double drain, and thus can cure the diseased condition, which produces, according to Dr Ashwell, the effects so deadly of “undue lactation.”

Dr Lee seems to think that ovarian disease may first develop itself before the thirteenth year. He relates the case of a young lady who had ovarian disease at this age.

CHAPTER X.

ON MISCARRIAGE.

I GO into an orchard. I see an immense number of small apples on the ground before the time at which the apples ought to be perfect. These are called *wind-falls*. They are, in truth, apples miscarried; apples born, that is, dropped on Mother Earth, before due time.

What is the explanation? An apple is the result of an impregnation of the apple germ, by the pollen of the stamens of the flower. If, perchance, the germ of the apple is not in a sound state, or the pollen of the stamen is not supplied in sufficient quantity to the ovum in the germ—*i. e.*, to the seed, in the seed-vessel—it will happen that, though an impregnation may take place, the impregnation may not be sufficient to impart the amount of life that will enable the apple to complete its formation perfectly, and thus to retain its hold on the tree. In other words, the stimulus derived from the healthy growth of the apple towards its perfection is not sufficient to perpetuate the adhesion of the apple-stalk to the tree. It is a miscarriage of apples.

So with miscarriage in connexion with woman. It seems thus to happen:—

The ovum, detached from the ovary, is brought down into the womb, receiving, as it then does, the influence of the pollen or semen. If the semen is not sufficiently active, or if the ovum is not in a sufficiently healthy state, the impregnation may indeed take place; but if the amount of life-power called by the process into action is not sufficient to carry on the changes effective in developing the ovum through *all* the processes necessary to make it (in its progress onwards to perfection) a healthy stimulus to the womb, it becomes unkindly, the process of development is arrested, and, thus arrested, the womb seeks

to expel the produce as a foreign body, and a miscarriage results.

So that the point to be gained is to make the conditions, both of the male and the female, such that the ovum shall not become an unkindly stimulus to the womb; then miscarriage will be prevented as certainly as the wind-fallen apples would never have been such if the conditions, necessary to form a perfect apple, had been present.

Homœopathy presents medicines which have the power of preventing the ovum being unhealthy, and of helping the patient safely through the various steps in the development of the ovum to a perfect, healthy foetus. That such powers are derivable from homœopathy, the following cases abundantly testify:—

1. Catherine T., called February 19, 1845. She is again pregnant. She states that, previous to the last child which I had enabled her to carry the full time, she had had six miscarriages in succession—*i.e.*, homœopathic remedial means enabled her to create such conditions, in connexion with the last progeny, as to ensure its perfect development.

2. Mrs T. was subject, continually, to miscarriages. She came under homœopathic treatment, and subsequently had three children, one of which she named after me, and one after my wife.

3. Mrs H. writes (October 22, 1845) thus:—"Allow me to thank you for the care you took of me during the early part of the year, to which I fully attribute the safety and the ease with which I passed through my confinement."

4. Mrs E. (March 1845) called and stated that her child, whom she sent to me expecting that it was dying, was better. She added, that she had had five miscarriages, and that she never carried the child the full time until she came under homœopathic treatment.

5. E. C. (p. 120, 121, 1843, Sept. 4) had, previous to coming under homœopathic treatment, miscarried three times. She has now gone the full time. She has taken *lachesis*, besides other remedies.

6. This patient derived great benefit from *sabina*, in the sequels of miscarriage.

7. The action of miscarriage, in modifying the state of the womb, is exhibited in Mrs H.'s case, p. 165, H. Nov. 11.

8. Miscarriage prevented in Mrs R., page 83, case-book R.

9. Miscarriage prevented in Mrs H. (146, Nov. 14). *Arnica*, 1 globule one day; *secale*, 4/12, 1 globule next day (1857) were the medicines used.

10. Mrs W. (100, book iv.). This case was remarkable. The patient had excessive sickness, which *ippecacuanha* and *chamomilla* in alternation, after each violent sickness or retching, cured. After the birth of the child she was able to put her foot to the ground, which, from the acute pain in the region of the ovary, she had not been able to do at any previous childbirth.

The case, as recorded in W book, is worthy of attention.

11. Mrs S.; also womb disease generally. In Germany she had had the womb burned, and she was much worse. She came under my care, and was saved from miscarriage twice; subsequently she went her full time. March 1868, she is about to be confined again.

12. Mrs R. called, January 27, 1860, with her child, for which she sought advice in relation to an eruptive disease. This lady has had two miscarriages, and, becoming pregnant with the child now brought, she applied to me to see if homœopathy would enable her to go through her pregnancy. Homœopathy was successful, and she has adhered to it ever since.

13. B. S. (1589, 1845) had one child, then four miscarriages. She never went beyond the eleventh week till she came under homœopathic treatment. Now she has a fine child.

14. G. S. (1444, Oct. 3, 1846), a patient who had four children born dead, and who always had a feeling as if the fetus were drawn up into a lump. She had the same feeling also at this pregnancy. *Cocculus* removed it, and the child lived, so that the sensation which preceded miscarriage was prevented from leaving the former results.

15. E. P. (1423, 1844). Consequences of premature labour removed.

16. Four globules restored good health to a patient, Mrs B. (121), who had miscarried several times. She is now, May 14, 1860, in the seventh month of her pregnancy, and she feels the child. She subsequently gave birth to a fine child.

17. E. R. (p. 992, 1861), aged 32, married. She has had one child and many miscarriages. She has a bladder affection. She consulted me at the beginning of the year, the time of the

year when she had previously had a miscarriage. She was ordered *causticum* for the bladder affection, and *secale* for the miscarriage tendency; and, in January 15, 1861, when she consulted me the second time, she had passed the time of miscarriage, and was highly pleased. She subsequently died, I believe in a great measure from this excess.

18. Mrs R. (March 8, 1862) called. She stated that, before she came to me some years since, she had miscarried three times, and that, though she had after that, during the last pregnancy, some discharge, like a threatening of miscarriage, I enabled her to bear the child through; and it is a fine healthy child.

19. A. W. called January 26, 1863 (p. 296, 1861). Her husband is lying ill with smallpox, and she asked me to give her some medicine to prevent her child (she is pregnant) being injured by the fatigue.

She is near the time of delivery. She added, "You have enabled me to rear this child." She had always miscarried before she came under homœopathic treatment. March 23, 1863, she called with a beautiful child.

20. E. R. (1378, 1862), aged 24. She has had two dead children and two miscarriages. She now has a living child.

It would be easy to enumerate hundreds of cases illustrative of the prevention of miscarriages by homœopathic treatment.

The following case may conclude this history, but to it may be added a few facts to prove that miscarriages have a hereditary character:—

Miscarriage prevented by Homœopathic Treatment.—Mrs T. (p. 143, p. 6), aged 33, has been married eight years. She has never had a child to live. She has been pregnant a dozen times. The longest time she has carried any child has been eight months, the shortest time eight weeks. This lady's husband is four years *younger* than herself. Her general health is not bad, though she is delicate. She has occasionally pain after food at the pit of the stomach. Her feet are damp, so also her hands, but less so than her feet. Before her marriage she had a rash on the side of the temple for many years. This rash came out after the application of leeches to her temples for a severe headache, when she was thirteen years of age.

Thinking that the peculiar state of the constitution (as indicated by the previously existing rash, and by the at present

existing damp hands and feet) was the basis on which the liability to miscarriage rested, I ordered *arsenicum* for the rash, and *silicea* for the dampness, believing that the *cure of these states* would take away the *liability* to miscarriage.

When she consulted me she had miscarried the week before at eight weeks.

She consulted me a second time on March 23, 1864. She has been very well since then. Her feet are now not damp. She has had no pain in the womb since she was here.

She has windy spasms when pregnant, and she is very sick when in the pregnant state. She has shortness of breath. Ordered *arsenicum* and *silicea*.

The patient consulted me August 2, 1864. She has now been pregnant eight weeks; she is sick, and vomits a little in the morning; she has wind and flatulence; her tongue is somewhat coated; she has some white discharge and a little pain in the belly; her rash is better, but had a slight return a fortnight since. Ordered *nux* and *silicea* in alternation for three weeks, then *arsenicum* and *silicea* for the state causing the rash.

The patient consulted me on September 27, 1865. She is going on well; has sickness still when *riding in the dark*; she vomits; she brings up watery phlegm; the shortness of breath is better; she has a little rash on the temples, and also on the lip; the veins show in her breast. Ordered *nux* and *sulphur*, then *nux* and *silicea*. Ordered *sabina* if she has any discharge, and *arnica* when she travels.

November 19, 1864, she has a little red discharge; she feels the child; the morning sickness is lessened; she feels sick if riding in the dark; she has pain at the bottom of the belly like wind-griping; water thick; dreams a little; the rash is better; bowels rather costive. Ordered *arnica* and *belladonna* in alternation for a week or ten days, then *cocculus* and *calcareia* in alternation, then *arsenicum* and *silicea* for the rash.

January 17, 1865, the red discharge has ceased; she feels the child; once a week she has the morning sickness; when sick the discharge is watery; at times she has cramp, more at the right side of the belly; she has a little stiffness above the groin; her water is again thick; the rash is better; the bowels are costive; tongue rather coated; has heartburn at times. When the wind seems to gather in the womb, she has a pecu-

liar cold sensation in the bosom; the feet and hands are comfortable; has now passed the seventh month; never felt so well in any pregnancy before. Ordered *cocculus* 5/12 and *calcarea* 2/12 in alternation.

On February 20, 1865, the following letter was received:—
“To Dr Epps.

“My dear Sir,—I have not felt quite well the last week; have such a cold sensation in my breasts, and sometimes at the bottom of the belly. I have also pain there like wind confined; my water is very high-coloured and thick; I make but little; I have a feeling as if wind were passing from the bladder; my bowels are quite right; I feel the child, but not so strong, I think, as I did a fortnight ago. I thought I had better write, as I do not feel quite equal to the journey.

“From, my dear Sir, yours sincerely,

“C. T.”

Ordered *veratrum* for the coldness, then *dulcamara* for the thick water, then *calcarea*, then *dulcamara*, then *calcarea*.

On March 29, 1865, a letter was received from the husband, in which he states the pleasure he experiences in informing me that his wife is safely delivered, and that both mother and child are well.

Miscarriages Hereditary.—The instances from this cause are numerous. Homœopathy alters such tendency. M. C. (p. 793, 1859) consulted me. She has had several miscarriages; her mother had but one child, *i.e.*, herself, and several miscarriages.

A fact, in which homœopathy demonstrates its own exalted character, is this—if the proper homœopathic remedies are given to a woman when she is pregnant, she will be enabled to bear a child, that will not be liable to those diseases which have been fatal to all her children previously born.

The connexion between miscarriages, ovarian disease, and abdominal tumours, is illustrated by numerous cases.

M. H. states her case (p. 527, 1857). She is aged 40, has an abdominal tumour, which she has noticed for seven months. She has had four children and six miscarriages. She has passed five years and seven months without having a child; she had white-leg with the last miscarriage. The long intervals between the children, the numerous miscarriages and the white-leg, indicated the tendency to ovarian disease, which at last has de-

veloped itself in the form of a tumour. Has not the occurrence of miscarriages been one of the developing conditions of the ovarian tumour?

Whenever miscarriages occur, there should be a careful examination of the region of the ovaries and of the womb, to ascertain whether disease exists there; since, in after life, if the disease is not cured in early life, ovarian disease, culminating in the form of ovarian dropsy, is likely, or, indeed, almost sure, to occur.

CHAPTER XI.

THE IMPORTANCE OF MARRIAGE, AND OF HAVING CHILDREN. THE CONDITIONS NECESSARY TO A HEALTHFUL MARRIED STATE.

It may be regarded as an axiom, and therefore an indisputable truth, that the Creator creates every organ of the body for use. He makes feet and legs, and man walks. He makes hands, and man uses them for an infinity of employments. The same rule applies to the interior organs of the body. The stomach is for the digestion of the food, and the stomach requires food; and if it did not get food, death would result. If it gets a stinted supply of food, the body does not grow, and becomes unfitted for the duties of life. It is so with every other organ of the body.

Hence, every one should marry; this is Nature's law.

It is true, some are "eunuchs from their mother's womb," but these are not men and women; they are deficient, and can in no way be taken as standards of the natural order of Life.

The creed which teaches celibacy is a creed directly negative of the truth taught in the human natural constitution; it is a creed which, viewed as embracing numbers, gives the lie to the teaching of the Creator, and presents a demonstrative proof that the Creator of man, as the inculcator of marriage, is not the same Being as that who, it is said, authorizes the creed. Need there be any hesitation in asserting that the God of the celibates (that is, viewing the law of marriage as a *natural* truth) and the God of Nature are not the same God?

The condition of marriage being one in which the law of the human organization is obeyed, it is to be concluded that health must be the result of submission thereto.

Generally, a greater degree of health attends the conditions of wives and mothers, than the conditions which attend women who remain unmarried and unfruitful. These attain a greater

age, and the course of their existence is less hindered with sickness, bodily and mental. Pulte, in his "Woman's Medical Guide," p. 122, maintains these views.

He adds, "Considering the physical health of maiden ladies, it cannot be denied that their persistence in an unmarried state becomes a source of many complaints and diseases which, if married, might not befall them" (p. 127).

To this dogma of the benefits of married life, it is objected by many, that the bearing of children is weakening and injurious. This is a mistake; the bearing of children is, in itself, health-giving, not exhausting; but necessarily the conditions of such child-bearing must be those conformable to the laws of Nature, and not in violation of those laws. At proper intervals, and "other things being equal," a numerous family must be a blessing even as regards the health of the mother. Nine children in eighteen years is not too much for any woman. There are conditions which may wear out the married woman—causes which, it is to be feared, are not sufficiently considered. She may have to bear with the ill temper of her husband, may have to struggle with poverty—produced often by the love of dress, of finery—thus by living beyond the means. She may have to bear the vexation of having to ask her husband for every item—of uttering false excuses before her servants when tradespeople apply for their bills. These, and many other conditions, will wear out the constitution of woman. Every husband should make liberal provision against these causes of injury to his wife.

It has been, and may be urged, that the declaration of Scripture stands:—"In sorrow thou shalt bring forth children." Many statements of this kind are to be regarded as records of a fact, and not as records of a real necessity: not as an infliction on the children of Eve because Eve ate of the tree of knowledge of good and evil. For a similar process of reasoning would establish, that women could bear children without pain; since in the same sacerdotal history it is stated, that the midwives of Egypt replied to the king, in explanation of the fact that the male children were saved by the midwives, "Because the Hebrew women are not as the Egyptian women; for they are lively, and are delivered ere the midwives come in unto them" (Exodus i. 19). This, as a history, would teach that God interfered in reference to the Hebrews, to alter

His natural law so as to make painless to the Hebrew women, what was painful to the Egyptian; that is, to make the pain of child-bearing, taught in one part of the Bible as the result of Eve's fall, to be no longer an evidence of the sin committed by Eve, because the Israelitish women, it would appear, escaped from the consequences of child-bearing. If this is not the explanation, the midwives told a lie.

It is true, as we have said, that there are conditions which tend to make married life a source of injury; but these conditions are such as violate the law of the human constitution in relation to the production of progeny.

Some of these conditions have already been noticed, and some have been rendered apparent by the history of the causes of ovarian disease.

It is worthy of notice, in connexion with the health of women, that Insurance Companies, in affixing the amount of annuity to be paid to a woman, charge a larger sum than that charged to a man of the same age; and this they do because women, as a rule, live longer than men—a result not likely, if the bearing of children were as injurious as it is by many supposed to be. The curse on Eve does not affect the deductions of Insurance Companies.

Many interesting statistics have been collected corroborative of these statements; such are open to all, and are too well known to render any references necessary.

CHAPTER XII.

ON THE IMPORTANCE OF THE MOTHER SUCKLING HER CHILD, AND THE CONSEQUENCES THAT FOLLOW THE NON-SUCKLING.

THE fact of Creative wisdom having appointed that the free development of milk should occur as soon as the act of pregnancy is completed, and the additional fact that the completion of this act presents simultaneously a living being, the receiver of this milk, prove that *the mother should suckle her child*.

The fact that the monthly discharge, when a woman is in sound health, does not take place *during suckling*, shows that the action in the breasts, necessary to the production of milk, is intended to suspend that action of the ovaries, on the special activity of which, as has been already explained, the monthly discharge depends.

If, therefore, a woman, having given birth to a child, does not suckle that child, she (suspending by that non-suckling the natural action of the breasts) allows an action to take place in the ovaries, which admits of the reproduction of the monthly discharge.

This discharge ought not to take place for a period of at least nine months from the time of the birth of the child. A mother should suckle during that period, because, while suckling, she would not have the monthly discharge.

This natural *rest* of the ovaries, induced by the milk-secreting activity of the breasts, during the nine or eleven months of suckling, is, therefore, when the woman does *not* suckle, and consequently allows the breasts to be inactive, interfered with; and is it illogical to doubt whether such an *untimed* action in the ovaries, induced when the periodical discharge recurs, may not have prevented the occurrence of certain beneficial changes which take place when organs are allowed their legitimate rest?

And may it not be, further, logically inferred that the very

sympathy, already proved to exist (see the Chapter on the Sympathies between the Breasts and the Ovaries), is a means by which the nine or eleven months of suckling afford certain health-giving actions to the ovaries by the secreting and the expulsive actions of the milk-vessels of the breasts? Those actions will not be allowed to take place if the mother neglects to suckle.

In the mother who does not suckle, these actions in the breasts not taking place, the perfection of the mother's organism will, to some extent, be interfered with, and the foundation of ovarian disease may be laid—in fact, *is* laid.

Every interference with a natural successive order of changes must be productive of greater or less injury.

The mother ceasing to suckle, the breasts, after nine or eleven months engaged in the order of nature in producing milk, cease their action, the ovaries assume *theirs*, and, in the course of two or three months, again produce the monthly discharge.

It appears then, that, under the natural conditions of married life, the ovary passes an impregnated ovum into the womb, and this having created a new action, instituted by the presence of the ovum in the womb, causes the monthly discharge to cease. This is the first step, impregnation having taken place; a foetus is formed; the second step is, the foetus being perfected; the child is born. Then the next action takes place, and the ovaries cause a new action in the breasts—*that of generating milk*; the secretion of milk, after nine or eleven months, ceases; and the ovary again becoming active, causes the recurrence of the monthly period.

These three steps may be regarded as constituting a succession of changes, essential to the full health of the parts concerned; if one of the steps in this succession is interrupted, then one of a course of natural stimulations, suited to the health of the human female, is interfered with. Such an interference is that presented, when a woman does not allow the breasts their full action in suckling her offspring. The ovaries are allowed to assume their action without the previous actions having taken place. The ovaries are, therefore, unduly called into action; disease, the result of undue action, will, it is not unlikely, be induced.

It is maintained that this action of the breasts, ending in the *manufacture of milk*, is a health process; that the action of the

breasts, produced in the act of *drawing the breasts* by the infant in suckling, is also a health process; and that *both* are *essential to the production of the state of the ovaries*, necessary to the production of a future perfect ovum, and also to the establishment of that circle of changes in the constitution of the woman, essential to the realization of a healthy condition.

Injury is therefore inflicted on women *who do not suckle their children*; and this because they do not perform the proper health processes.

Indeed, the woman who continues suckling, with the view of preventing her having any more children, indirectly recognises this view of the necessity of the demand of the renewed special action of the ovaries; for she wishes, by keeping up the action of the breasts in the production of milk, to keep away the monthly discharge, which she looks upon as an essential, precursory to her becoming pregnant; this monthly discharge being dependent upon the ovaries being permitted to regain their natural action (see Chapter on the Ovaries in relation to the Monthly Period).

May it not, further, be inferred that injury is inflicted on the *foster-mother* as well, by the circumstance that, though she suckles, yet the being suckled is not *her own child*? May it not be fairly inferred, that the breasts of each mother having a fixed relationship to the child born of her body, the product of her own ovarium, therefore the mother's own child is placed in a special relationship to the breasts of the mother; that no other child can exist in the same natural relationship, and that therefore the health of the ovaries is likely to be interfered with when the mother suckles a child not her own?

Independent of the special sympathy being interfered with, there is wanting the love for the foster-child, which love being present may be regarded as an essential for the production of that delight in suckling—a part of the conditions necessary to make suckling a health process.

Add to this another source of injury, if not to the mother, to the suckled baby; it is connected with the fact, that the step-mother is oftentimes one whose constitution may have been injured by the conditions which placed her in the position of having become a mother. Serious diseases have been caused in this way.

Such views being correct, the truth is established that when *Royalty* requires that a Royal mother should transfer the suckling of a child to another individual, the requirement must be in opposition to the law of the Creator, and consequently cannot be right.

It is true that the limitation in the choice of Royal personages, as to the parties forming marriage alliances, causes evil to the race, by the marriages between relations in and in; and that thus the suckling of Royal infants by healthy foster-mothers may be beneficial, as tending to prevent a too rapid depreciation of the stock.

It is common to hear women complain, that they *cannot* suckle, their breasts are so sore, their milk is so small in quantity that the child does not thrive on it; they feel weak after suckling.

All such complaints indicate—that is, when they are founded on reality—that there is *disease in the ovaries*; disease which will manifest itself at a later day; and therefore the greatest attention should be paid to these indications, while medical aid should be sought in order to bring about such a healthiness of the ovaries that none of those inconveniences should attend the next pregnancy.

Every woman should seek to have not only a painless monthly period, but also healthy breasts, so as to perform with satisfaction the process of suckling.

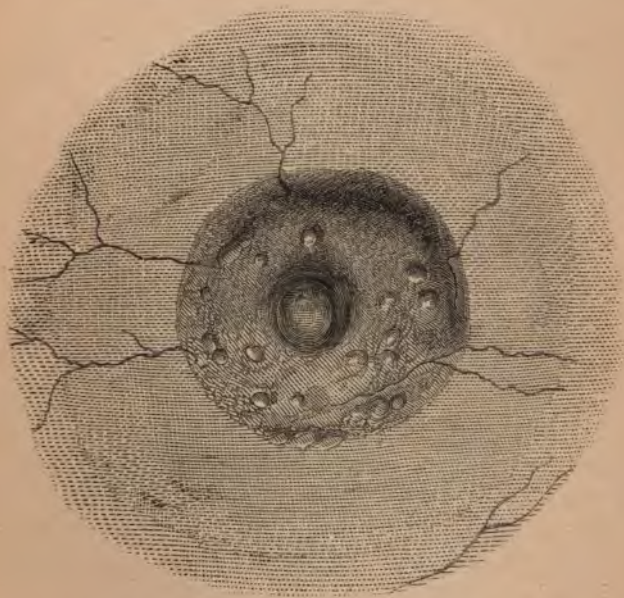
The benefit of pregnancy is abundantly evidenced by cases of patients.

One patient, L. M. (p. 407, book 1864), writes—"I never have the bearing-down when I am pregnant," a statement testifying to the fact that the conditions of the pregnant state remove the diseased conditions indicated by the term "bearing-down."

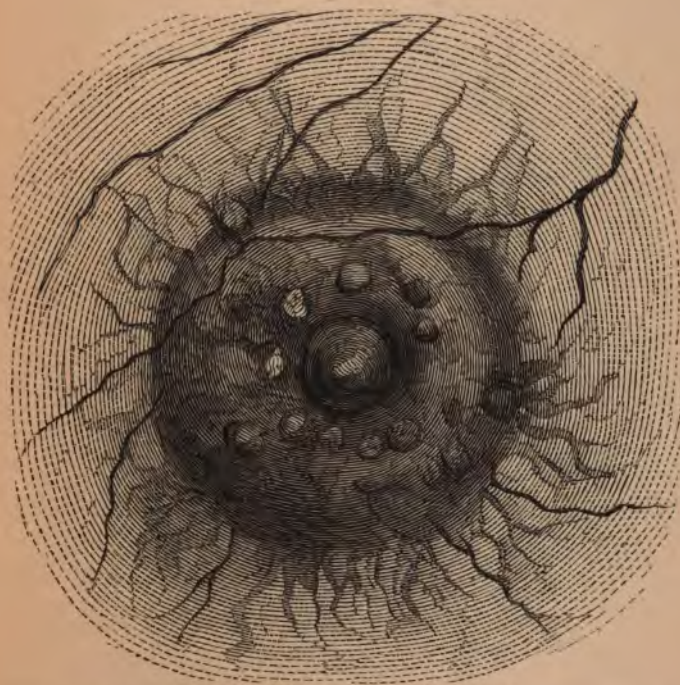
Another patient, J. S. (p. 781, aged 27), has had an ovarian enlargement at the right side, which also has caused the right breast to enlarge. She has had this affection for years. It came when she was unmarried. Latterly she has become pregnant, and it is now the seventh month of her pregnancy. During the first few months of this state, her right breast became painfully large, almost half as large again as the left breast, and the tumour in the belly also enlarged; after the six months, the

right breast became of its natural size, and the belly also was not larger at that side than was natural.

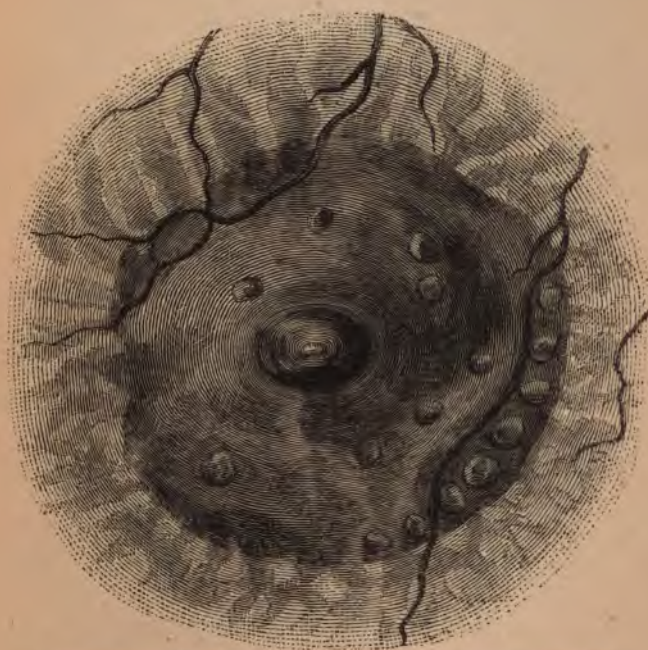
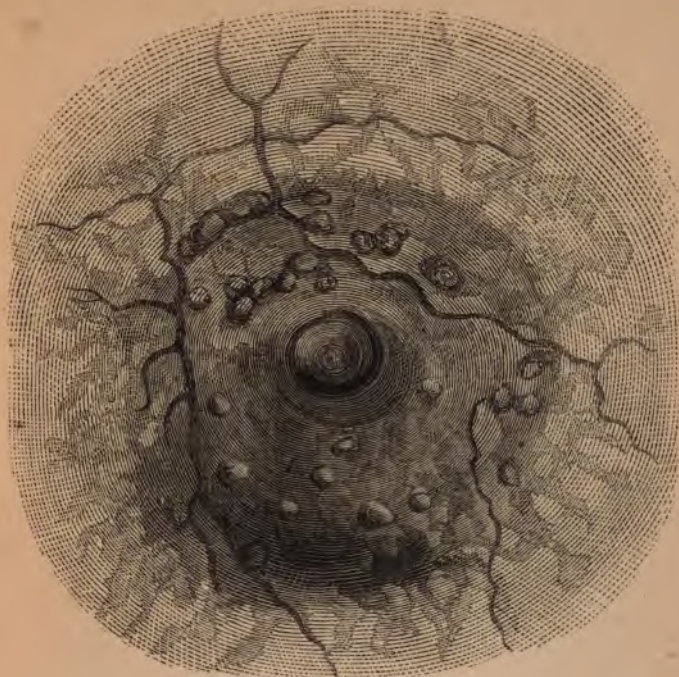
Let this axiom be ever remembered : *a woman ought to suckle her own child.* If unable to perform the important duty, let her regard this inability as dependent on disease of the ovaries, and take steps to effect the cure of such disease.



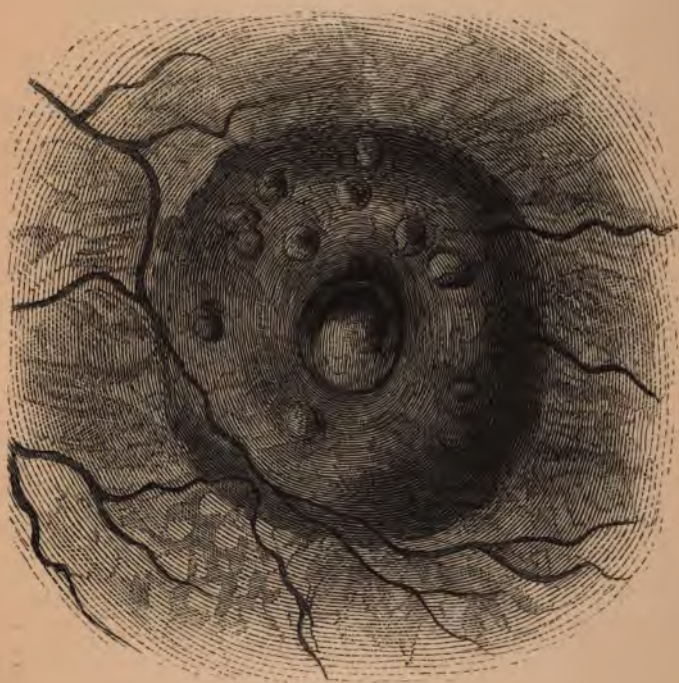
ILLUSTRATIONS OF THE STATES OF THE BREAST DURING PREGNANCY.



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